

Adult Social Care and Public Health Committee

Monday, 11 January 2021 at 10:30

Virtual meeting, <https://www.youtube.com/user/nottsccl>

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting of the Adult Social Care and Public Health Committee held on 7 December 2020 | 1 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Your Health, Your Way - Integrated Wellbeing Service Update | 7 - 14 |
| 5 | Contain Outbreak Management Fund | 15 - 24 |
| 6 | Adult Social Care & Public Health Service Improvement Programme for 2021/22 to 2023/24 | 25 - 44 |
| 7 | Update on progress of the procurement of a new framework agreement for equipment-based major adaptations in people's homes | 45 - 48 |
| 8 | Temporary posts to complete deferred assessments of care packages funded in the short-term by the NHS during the Covid-19 pandemic | 49 - 54 |
| 9 | National Children and Adult Services Conference, November 2020 | 55 - 58 |
| 10 | Work Programme | 59 - 62 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Jo Toomey (Tel. 0115 977 4506) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Date 7 December 2020 (commencing at 10.30 am)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Tony Harper (Chairman)
Boyd Elliott (Vice-Chairman)
Francis Purdue-Horan (Vice-Chairman)

Joyce Bosnjak
Dr. John Doddy
Sybil Fielding
David Martin

Andy Sissons
Steve Vickers
Muriel Weisz
Yvonne Woodhead

OFFICERS IN ATTENDANCE

Melanie Brooks, Corporate Director, Adult Social Care and Health (ASC&H)
Jonathan Gribbin, Director of Public Health, ASC&H
Sue Batty, Service Director, Ageing Well Community Services, ASC&H
Laura Chambers, Strategic Commissioning Manager, ASC&H
Naomi Russell, Group Manager, Living Well Team, ASC&H
Gemma Shelton, Team Manager, Quality and Market Management Team, ASC&H
Jennie Kennington, Senior Executive Officer, ASC&H
Jo Toomey, Advanced Democratic Services Officer, Chief Executive's

ALSO IN ATTENDANCE FOR AGENDA ITEM 4

Amanda Lucas, Day Service Support Worker, Bingham Day Service, ASC&H
Amanda Nielson, member of Co-production Steering Group
Claire Atkinson, Team Manager, Discharge to Assess, Mid Notts, ASC&H
David Gilding, Senior Manager, Public Health Information and Intelligence, ASC&H
Emma Shand, Team Manager, Living Well Service (Newark & Sherwood), ASC&H
Geoff Hamilton, Senior Public Health and Commissioning Manager, ASC&H
James Wheat, Senior Commissioning Officer, ASC&H
Jane McKay, Group Manager, Provider Services, ASC&H
Jennifer Allen, Strategic Development Manager, ASC&H
Jodie Twigger, Reablement Manager, Reablement Services, ASC&H
John Draycott, Advanced Social Work Practitioner, ASC&H
June Burn, Reablement Manager, Reablement Services, ASC&H
Linda Robinson, Senior Reablement Worker, Reablement Services, ASC&H
Linzi Adams, Project Manager, Service Improvement, ASC&H
Lucy Fox, Programme Officer, Adult Social Care Transformation Team, ASC&H

Lynette Rice, Transformation Partner, Service Improvement, ASC&H
Mark Walker, Group Manager, Trading Standards, Place
Mawa Sall, Project Manager, Programme and Projects Team, ASC&H
Sandra Devlin, Team Manager, Rushcliffe Older Adults Team, ASC&H
Stuart Sale, Group Manager, Reablement Services, ASC&H
Suzanne Kerwin, Transformation Partner, Service Improvement, ASC&H
Valli Brownlow, Manager, Church Street Residential Service, ASC&H
Veronica Thomson, Workforce Project Manager, ASC&H

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of the Adult Social Care and Public Health Committee held on 9 November 2020 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

Councillor Dr. John Doddy apologised that he would have to leave the meeting at 12 noon to attend to other County Council business.

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

Councillor Sissons declared a personal interest in agenda item 12 as his wife worked in a care home within the county.

4. CELEBRATING SUCCESS – DEPARTMENTAL AWARDS SCHEME IN ADULT SOCIAL CARE AND PUBLIC HEALTH

A departmental awards scheme to recognise staff across Adult Social Care and Public Health had been introduced. The finalists and winners of the first departmental awards were announced:

- Excellence in Public Health
 - Runner-up: Geoff Hamilton, Senior Public Health and Commissioning Manager
 - Winner: The Public Health Intelligence Team
- Excellence in Adult Social Care
 - Second runner-up: Claire Atkinson, Team Manager, Discharge to Assess Team in Mid Notts
 - First runner-up: The Reablement Service
 - Winner: Sandra Devlin, Acting Team Manager for the Rushcliffe Ageing Well Team
- Partnership working
 - Second runner-up: James Wheat, Senior Commissioning Officer

- First runner-up: Rebecca Atchinson, Senior Public Health and Commissioning Manager, and Mawa Sall, Project Manager
- Winner: Lucy Fox, Strategic Development Officer
- Working creatively
 - Second runner-up: Veronica Thomson, HR Project Manager
 - First runner-up: John Draycott, Advanced Social Work Practitioner
 - Winner: Provider Services (all teams)

RESOLVED 2020/043

- 1) That the Committee celebrates the achievements of the finalists and winners in the first departmental awards.
- 2) That there were no actions arising as a result of the report.

5. ADULT SOCIAL CARE AND PUBLIC HEALTH WINTER PLAN 2020-2021 AND SERVICE CONTINUITY AND CARE MARKET REVIEW SELF-ASSESSMENT QUESTIONNAIRE

Melanie Brooks gave a presentation outlining the Service Continuity and Care Market Review: Self-Assessment and the Adult Social Care and Public Health Winter Plan 2020 to 2021, as submitted to the Department of Health and Social Care.

During discussions, Members:

- Referred to the prevention and control of COVID-19 in care settings, requesting an interim report setting out lessons learned to date and where practices had changed as a result.

RESOLVED 2020/044

That the Committee:

- 1) Notes the Service Continuity and Care Market Review: Self-Assessment and the Adult Social Care and Public Health Winter Plan 2020 to 2021, as submitted to the department of Health and Social Care, and agrees to receive an update on the outcomes of the Winter Plan in April 2021.
- 2) Agrees to receive a report at the Committee's next available meeting on lessons learned on the prevention and control of COVID-19 in care settings and consequential changes in practice

6. ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE FOR QUARTER 2 2020-21

Melanie Brooks introduced the report which provided an update on the current financial position of Adult Social Care and the performance reporting framework, including a summary of performance for quarter 2 (1 July 2020 to 30 September 2020).

During discussions, Members:

- Asked about pathways to access advocacy services and requested feedback from officers following their review of a report on that subject, which had been produced by ADASS
- Noted that a COVID market position statement would be brought before the Committee in the new year, setting out the market position and identifying key actions to shape the market into a more sustainable model.

RESOLVED 2020/045

That the following actions required by the Committee in respect of the financial and performance information for the period 1 July 2020 to 30 September 2020, are implemented by officers:

- A report be brought to the Committee on accessing advocacy services, following officer review of a report produced by ADASS.
- A COVID market position statement to be provided in early 2021.

7. ISSUE OF A CONTRACT USING AN ESTABLISHED NATIONAL PROCUREMENT FRAMEWORK AGREEMENT FOR A PRE-PAID DEBIT CARD PROVIDER

Laura Chambers introduced the report which asked the Committee for approval to issue a contract to a Pre-paid Debit Card Provider under an established National Procurement Framework.

RESOLVED 2020/046

That the Committee agrees to issue a contract using an established national procurement framework for a Pre-paid Debit Card provider on behalf of Adult Social Care and Health and Children and Families Services departments, for an initial period of two years, with the option to extend for a further year on two separate occasions taking the maximum contract length to four years.

8. CHANGES TO STAFFING ESTABLISHMENT IN THE LIVING WELL SERVICES

Naomi Russell introduced the report, which sought the approval of changes to the staffing establishment in the Living Well Preparing for Adulthood Team and the Living Well Complex Lives Team.

During discussions, Members:

- Asked officers to confirm that the proposed staffing arrangements had been presented to the JCMP to give it an opportunity to comment.

RESOLVED 2020/047

- 1) That approval is granted to the following changes to the staffing establishment in the Living Well Preparing for Adulthood Team from 1 January 2021 for a further period of nine months (12 months in total):
 - Temporary disestablishment of 1.3 FTE Social Worker (Band B) posts
 - Temporary establishment of 1 FTE (37 hour) Advanced Social Work Practitioner (Band C) post.
- 2) That approval is granted for the extension of the following two posts, subject to final confirmation of funding from the Transforming Care Partnership Grant, within the Living Well Complex Lives Team for an additional period of 12 months, from April 2021
 - 1 FTE Advanced Social Work Practitioner (Band C)
 - 1 FTE Forensic Social Worker (Band B)

9. MARKET MANAGEMENT POSITION STATEMENT

The report informed the Committee about work undertaken by the Quality and Market Management Team during the COVID-19 pandemic in response to the Council's statutory duty to ensure the availability of a robust and sustainable social care market.

RESOLVED 2020/048

- 1) That there are no actions arising as a result of this report.
- 2) That the Committee will monitor the actions and issues highlighted in the Market Management Position Statement.

10. WORK PROGRAMME

RESOLVED 2020/049

That the updated work programme be agreed, subject to the inclusion of the following items:

- Lessons learned on the prevention and control of COVID-19 in care settings and consequential changes of practice.
- Accessing advocacy services: update on the officer review of the report produced by ADASS
- COVID-19 market position statement

11. EXCLUSION OF THE PUBLIC

RESOLVED 2020/050

That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in

paragraph 3 of Schedule 12A of the Local Government Act 1972 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Councillor Dr John Doddy left the meeting.

12. MARKET MANAGEMENT POSITION STATEMENT – EXEMPT APPENDIX TO ITEM 9

Melanie Brooks introduced the exempt appendix to the Market Management Position Statement, which provided an update about social care services that had their contract with the Council suspended.

RESOLVED 2020/051

That the contents of the exempt appendix to the Market Management Position Statement be noted.

The meeting closed at 12.28 pm.

CHAIRMAN

11 January 2021**Agenda Item: 4****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****YOUR HEALTH, YOUR WAY - INTEGRATED WELLBEING SERVICE UPDATE****Purpose of the Report**

1. To inform the Adult Social Care and Public Health Committee of changes to the service arrangements of the Integrated Wellbeing Service “Your Health Your Way”, due to Covid19.
2. To identify any further opportunities for ‘Your Health, Your Way’ to engage with members of the public.

Information

3. In October 2018, Committee approved an Integrated Wellbeing Service model to bring together several health behaviour change functions into one service. Following a paper to Committee in November 2019 advising of the new provider, Committee requested a progress update following the launch of the service. The Integrated Wellbeing Service, ‘Your Health, Your Way’, went live in April 2020. It is provided by A Better Life (ABL) who are based at Ransom Wood in Mansfield.

The Impact of Covid19

4. The Covid19 pandemic and associated restrictions impacted on the launch and face to face delivery of the service. This presented challenges in relation to the transfer of staff, data and services. Despite this, in April 2020 all staff were successfully transferred and received an extensive induction and training programme provided remotely.
5. In March 2020, officers used NHS England’s guidance on Covid19 prioritisation within Community Health Services to differentiate critical services that were required to address the needs of vulnerable people from non-critical services which could be paused for the period of lockdown. This included consideration of ‘Your Health, Your Way’.
6. Within ‘Your Health, Your Way’ it was agreed to pause all weight management (with the exception of maternity services), physical activity, falls prevention and alcohol support. In recognition of the potential additional risks relating to smoking and Covid19, smoking cessation support was prioritised. Accordingly, the provider implemented a remote support offer including telephone, Zoom, online and app-based interventions. Clients continued to be able to access Nicotine Replacement Therapy (NRT) to support their quit attempt. The

service also supported the national and local #QuitforCovid campaign. However, restrictions were imposed by Public Health England on the use of Carbon monoxide monitors for validation of those individuals who quit smoking for 4 weeks, impacting on the ability of the service to report on outcomes.

7. While weight management and physical activity support was paused, 'Your Health, Your Way' produced online resources promoting activity within the home and falls prevention exercises that were promoted through social media channels and the Nottinghamshire County Council website. Referrals to 'Your Health, Your Way' for healthy eating and physical activity were available through the Community Hub to provide healthy lifestyle support to those who were shielding, isolated or vulnerable. 'Your Health, Your Way' supported the Council's Covid19 response by providing nutritional advice videos and developing healthy recipe cards for the Extremely Vulnerable People (EVP) food parcels as well as offering expert nutritional advice to the Food Insecurity Task and Finish Group.

A different way of working

8. Since June 2020, 'Your Health, Your Way' has provided a remote online service including smoking cessation, weight management, physical activity and alcohol reduction support.
9. The 'Your Health, Your Way' offer is strongly focussed on personalised support built around the unique and holistic needs and circumstances of each individual client as opposed to providing standard packages of support. Following referral and a brief assessment of eligibility for the service, all clients are allocated a healthy living advisor key worker. The key worker remains with the client throughout their journey in the service and coordinates their support, particularly when clients access multiple health behaviour change interventions. The key worker and client maintain regular contact via face to face meetings, text, email and the 'Your Health, Your Way' app during their time with the service and beyond.
10. 'Your Health, Your Way' has developed a 'My Story' assessment process to capture health information such as physical activity levels, smoking status and nutrition intake. More importantly, it is an approach to build a picture of the client and identify the wider factors that may influence someone's attempt to change their health behaviours, such as their work, finances, mental wellbeing, family and friends. The 'My Story' assessment is also a tool to allow healthy living advisors to have different conversations with clients.
11. This reflects a strength-based approach of using people's assets such as their interests, passions and social connections so that people do not rely on services but are supported to achieve and maintain their goals.
12. Most people using the service will have had many experiences of attempts to make healthy lifestyle changes and the 'Your Health, Your Way' service aims to give clients a different experience through individually tailored support. Staff use motivational interviewing techniques to tailor support but more importantly to allow clients to take ownership of their health behaviour change.
13. As clients achieve their goals, conversation between clients and key workers examine how the changes made can be sustained long term and key workers will link people into community assets such as leisure centres, local sports and recreational groups.

Progress to date

14. 'Your Health, Your Way' are commissioned to deliver 10,000 outcomes, 60% of these in the 40% most disadvantaged communities. Due to the impact of Covid19 restrictions on face to face and group activity commissioners acknowledge the achievement of these outcomes will be affected. Service outcomes are tracked in routine contract management as detailed in quarterly performance reports that are submitted to the Adult Social Care and Health Committee. Quarter 1 performance was shared with Committee in the November 2020 report¹ and Quarter 2 performance will be available at the February 2021 meeting.
15. Mobilising a new service during the pandemic has been challenging and impacted significantly on the providers ability to deliver and measure outcomes. For example, in line with national guidance, the service has been unable to undertake CO monitoring to validate smoking quits. The pandemic has also impacted on the number of referrals into the service, with many referral pathways being closed or at limited capacity.
16. 'Your Health, Your Way' have developed a comprehensive Covid19 recovery plan that will be implemented as soon as social distancing restrictions allow. It is anticipated that once restrictions are lifted (and remain lifted) it will take between three and six months to increase referrals to the level required to deliver the contracted outcomes. Outcomes would increase around three months after the increase in referrals, as client's move through and complete interventions.
17. 'Your Health, Your Way' intends to establish face to face sessions for capturing client measurements early in the new year, in order to report on outcomes. This will include Carbon Monoxide (CO) monitoring and weight monitoring. In addition, qualitative feedback is captured in the form of client service journeys. Three examples of recent successes are provided below.
18. *Client A, who is in her 60s, had smoked for 53 years at 10-15 cigarettes per day. She had tried to quit on several occasions previously but had not been successful. She came to 'Your Health, Your Way' in April as a self-referral and set her 28-day quit date. Due to Covid19, services were being provided remotely. The client has received NRT regularly and on time and praises the support given to her by her advisor. She successfully quit, by her quit date.*
19. *Client B is delighted with the services she has received from 'Your Health, Your Way' and in her words is "over the moon" to be smoke free. She saved the money she would otherwise have spent and bought herself £300 worth of garden furniture to enjoy her summer in the fresh air. She is further saving to buy herself a log cabin. She says she has many goals to look forward to.*

1

<https://www.nottinghamshire.gov.uk/DMS/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=Slxmi8OTM3o6O4DkdcjSiloWp3h9xYFK%2bC2EuF3ONFzk1zeQShG8Ww%3d%3d&rUzwRPf%2bZ3zd4E7lkn8Lyw%3d%3d=pwRE6AGJFLDNlh225F5QMaQWctPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTIbCubSFfXsDGW9IXnlq%3d%3d=hFflUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFflUdN3100%3d&uJovDxwdjMPoYv%2bAJvYtyA%3d%3d=ctNJFf55vVA%3d&FgPIIEJYlotS%2bYGoBi5oIA%3d%3d=NHdURQburHA%3d&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3d&WGewmoAfeNQ16B2MHuCPMRKZMwaG1PaO=ctNJFf55vVA%3d>

20. Client C accessed Family Weight Management support following her child gaining weight during the lockdown period. Client C contacted her GP who recommended the Family Weight Management programme provided by 'Your Health, Your Way'. Client C welcomed the programme saying "Guidance on portion size has really helped as I was giving my son too much food on his plate beforehand. My son has increased the variety of food he is eating and is willing to try new foods. My son is very active and full of energy. So I believe he is picking up some healthy habits with his activity and food choices [...] the programme has been very helpful and provided me with a lot of new ideas."

21. Despite the challenges of mobilising a new service during the pandemic, 'Your Health, Your Way' have made good progress in generating referrals from across the system. Figure 1 is provided to demonstrate that 'Your Health, Your Way' are engaging well with our key system partners to increase engagement with the service. By establishing key referral pathways during the pandemic, 'Your Health, Your Way' are in a strong position to further maximise referrals rapidly when social distancing restrictions are lifted.

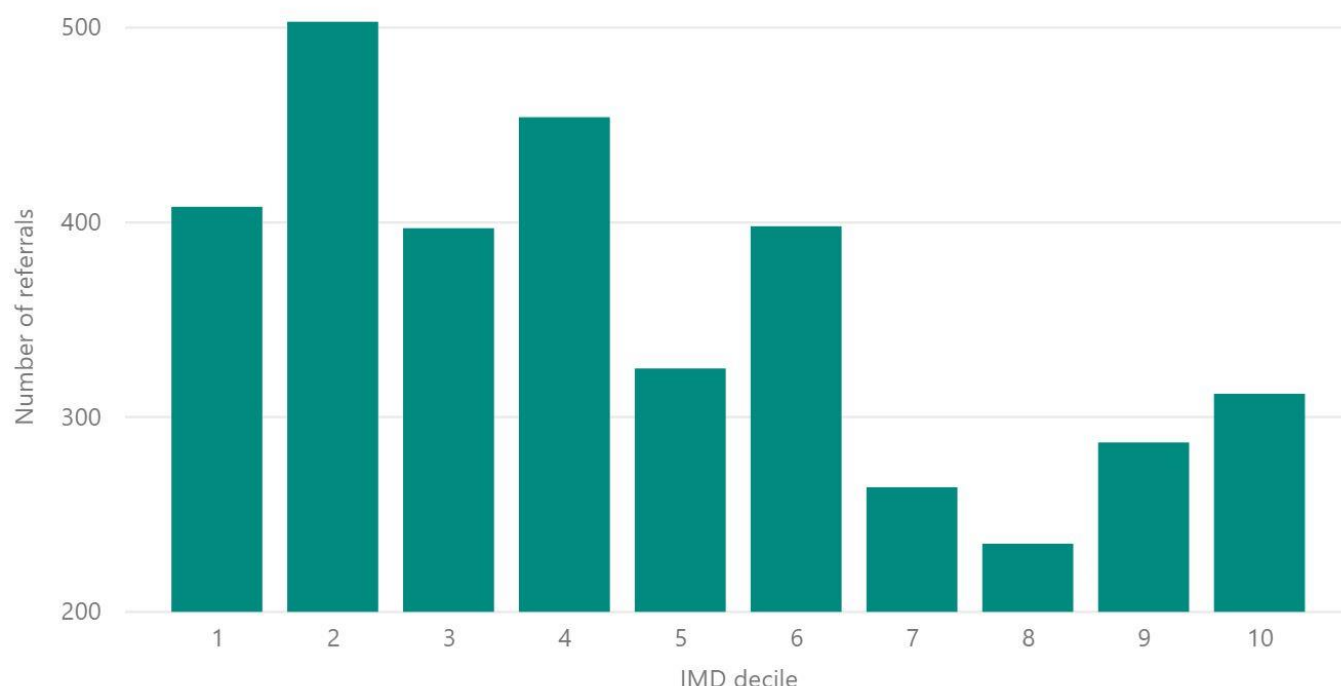
Figure 1: Referrals by intervention

Service Area	Referrals Quarter 1	Referrals Quarter 2
Smoking Cessation	1785	2191
Adult Weight Management	141	501
Children's Weight Management	26	73
Maternity Weight Management	324	327
Physical Activity	10	159
Alcohol	3	41
Falls Prevention	1	30
Total	2290	3322

22. The highest volume of referrals across the whole service are through Secondary Care (36.6%), Self (28.6%) and Midwifery (17%). Referrals from Primary Care have been lower than expected volumes (14.2%), and this is likely to be in part due to the impact of Covid19 on presentations to Primary Care. 'Your Health Your Way' are working closely with GPs and Primary Care Networks to promote the service within Primary Care and piloting new approaches to increase referrals.

23. In recognition of the variation in health risk behaviours across the county, 'Your Health, Your Way' is incentivised to deliver 60% of service outcomes in the 40% most disadvantaged communities. To support delivery of this outcome, 'Your Health, Your Way' are working to ensure accessibility for people resident in the most disadvantaged areas across Nottinghamshire as demonstrated in figure 2, where IMD 1 is the most deprived and IMD 10 being the least deprived.

Figure 2:
Number of referrals by IMD decile



Next steps

24. The 'Your Health, Your Way' service has a recovery plan to support a return to safe face to face service delivery when social distancing requirements and legislation allows. This involves refining risk assessments and working with venues across Nottinghamshire to ensure that safety measures are in place. One of the main areas for development is working with secondary care providers to improve the quality of referrals so the service has accurate information about clients and referrals are from people who want to make a health behaviour change.
25. The Integrated Wellbeing Service contract has been set up to ensure 'Your Health, Your Way' supports not just individuals but also communities. 'Your Health, Your Way' is working with local communities, groups and individuals to strengthen and build community initiatives and assets. The service has been working closely with the Voluntary Community Services, the Inspire Library service and local leisure providers to look at co-production opportunities and further promote referral pathways. The service is also working with social prescribers to ensure there is no duplication with each other's roles and improve access for patients. Currently attention is being put into developing a community fund to fund and support local initiatives and individuals to form groups to sustain long term community health change.
26. Public Health commissioners are supporting 'Your Health, Your Way' to develop links within Adult Social Care. Conversations have taken place with the Maximising Independence Service to look at opportunities to offer training to staff to support conversations with clients about health and wellbeing and to develop referral pathways.

Other Options Considered

27. No other options to be considered

Reason/s for Recommendation/s

28. The Integrated Wellbeing Service is a new model of delivering health behaviour change services that seeks to work within the local community. It is important that a range of stakeholders are informed and involved in the running of the service to maximise health benefits for the local community.

Statutory and Policy Implications

29. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

30. There are no financial implications within this report.

RECOMMENDATIONS

- 1) That members of the Adult Social Care and Public Health Committee receive future updates on progress of 'Your Health, Your Way' via routine quarterly performance reports.
- 2) That members of the Adult Social Care and Public Health Committee advise of opportunities for 'Your Health, Your Way' to further engage with members of the public.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

Matthew Osborne

Health Improvement Principal

Email: matthew.osborne@nottsccl.gov.uk

Constitutional Comments (AK 04/11/2020)

31. The report falls within the remit of Adult Social Care and Public Health Committee by virtue of its terms of reference

Financial Comments (DG 03/11/20)

32. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Public Health Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant 1 April 2020 to 30 June 2020, Nottinghamshire County Council Adult Social Care and Public Health Committee, 9 November 2020
<https://www.nottinghamshire.gov.uk/DMS/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=Slxmi8OTM3o6O4DkdcjSiloWp3h9xYFK%2bC2EuF3ONFzk1zeQShG8Ww%3d%3d&rUzwRPf%2bZ3zd4E7lkn8Lyw%3d%3d=pwRE6AGJFLDNih225F5QMaQWCtPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTIbCubSFfXsDGW9IXnlq%3d%3d=hFfIUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFfIUdN3100%3d&uJovDxwdjMPoYv%2bAJvYtyA%3d%3d=ctNJFf55vVA%3d&FgPIIEJYlotS%2bYGoBi5oIA%3d%3d=NHdURQburHA%3d&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3d&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3d>

Electoral Division(s) and Member(s) Affected

- All

11 January 2021**Agenda Item: 5****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****CONTAIN OUTBREAK MANAGEMENT FUND****Purpose of the Report**

1. To seek approval for use of the Contain Outbreak Management Fund, as per the proposed funding plan, for which the Nottinghamshire County Council allocation is £6,625,792.
2. To seek approval to establish two fixed term staffing posts to support the delivery of the COVID-19 communication and engagement strategy, funded from the Contain Outbreak Management Fund.

Information

3. In June 2020, the Government confirmed that upper tier local authorities would be allocated a Local Authority Test and Trace Grant, to be utilised to support the mitigation and containment of local outbreaks of COVID-19. The funding was allocated to councils based on need, determined by the same formula used to allocate the Public Health Grant. Nottinghamshire County Council were allocated £3,802,915. A resource plan for the Test and Trace Grant was approved by Adult Social Care and Public Health (ASCPH) Committee on 14 September 2020.
4. As of 12 October 2020, local authorities were also eligible for a series of payments from the Contain Outbreak Management Fund. This is a separate fund allocated to support proactive containment and intervention measures in relation to COVID-19 and can be utilised to supplement where outbreak control activity is required over and above the functions supported by the Test and Trace Grant.
5. The fund was originally allocated based on local COVID-19 alert levels, with local authority areas at the 'very high' alert level eligible for financial support at a rate of £8 per person. However, with the introduction of national restrictions as of 5 November 2020, all local authorities across the Country are now eligible for this level of support. The grant allocated to Nottinghamshire County Council is £6,625,792
6. Both funds have been allocated to local authorities to support the mitigation of the significant impact of the pandemic, through putting in place critical measures to minimise transmission, to manage outbreak situations, to support vulnerable residents and communities and to protect the health of the local population.

7. In Nottinghamshire, the local authority continues to pursue a multi-pronged approach to manage the transmission of COVID-19, working closely with Local Resilience Forum (LRF) partners. This approach continues to include:
 - a. Consistent communication to secure consent and compliance.
 - b. Engagement and enforcement to support people and businesses to adopt measures which limit transmission.
 - c. Outbreak control to manage incidents in particular settings.
 - d. Promoting access to and uptake of testing for anyone that is experiencing COVID-19 symptoms, even if only mildly symptomatic, through NHS Test and Trace.
 - e. Securing results of tests and advice quickly and completing contact tracing, working with NHS Test and Trace.
 - f. Supporting people self-isolating and others made vulnerable through COVID-19.
8. The availability of new testing technologies, such as lateral flow tests, opens up the possibility of rapid testing in the wider community. Rapid testing deployed in a way that is targeted and safe has the potential to be a valuable addition to the local approach. However, evidence shows that improving the Test and Trace service so that people who are symptomatic are rapidly tested, supported to self-isolate and their contacts reached, should remain the primary focus in relation to testing.

Funding plan

9. The Test and Trace Grant is already being utilised to support and implement core outbreak control functions required across Nottinghamshire. Whilst there is some overlap with the areas of activity for both funds, such as testing and contact tracing, the Contain Outbreak Management Fund provides funding for further developments required to respond to very high infection rates, along with a range of other outbreak control activities.
10. The Contain Outbreak Management Fund will be allocated to implement the following measures and detailed activities:
 - a. **Local COVID-19 testing** - Delivered through the local Clinical Commissioning Group (CCG) hosted testing service, funding is allocated to further expand the service and reach more people. This will include targeted testing for hard-to-reach groups and the introduction of a backpack testing model into communities.
 - b. **Local contact tracing** - Working collaboratively across County Council Public Health, District and Borough Councils and the Police, funding will allow additional activities to be undertaken to strengthen local contact tracing. This will include programme coordination, extension of the scope of the Customer Service Centre, development of a doorstep contact tracing model, and development of the local 'COVIZ' case management system.
 - c. **Enforcement and regulation** – Additional resource will be funded to provide backfill for District and Borough Council Environmental Health teams to allow COVID-19 enforcement activities to continue alongside other critical non-covid functions. A coordinated approach across the LRF will be developed, focusing on contact tracing, low level enforcement activities and community engagement. This will aim to improve resilience, streamline deployment of existing enforcement staff and volunteers and provide a longer-term sustainable solution to address capacity issues at district level.

- d. **Schools and education** – A coordinator for schools will be appointed to provide local advice on policy and actions required for outbreak management. Activities will include enhanced communication and engagement with students, supporting access to local testing and providing support to strengthen adherence to COVID-19 guidance and self-isolation.
 - e. **Humanitarian support** - Funding will ensure support is available for individuals and communities, including vulnerable groups and addressing mental wellbeing. Specific activities within this area which will be supported by the fund include:
 - i. Expansion of the community hub led through the Humanitarian Action Group (HAG). This will allow the service to reach more vulnerable people and will include support for food, essentials and basic support for those classed as Clinically Extremely Vulnerable, other vulnerable groups and those in self-isolation.
 - ii. Development of further community-led activities to address social isolation, loneliness and mental wellbeing and address digital connectivity for vulnerable groups, where access to usual formal and informal support has been affected by COVID-19.
 - iii. Development of a county-wide homeless team to address current gaps in services to homeless and rough sleepers and provide community-based support for those disproportionately impacted by COVID-19.
 - iv. Additional support for the care sector to overcome the challenges of providing care during a pandemic, including outbreak control support and Infection Prevention Control (IPC) response, training and supported swabbing extended until March 2021 and support to allow COVID-19 secure visits for all care home residents.
 - v. Supporting and strengthening integrated discharge teams, discharge processes and designated discharge settings through liaison coordinators to manage referrals e.g. to/from the community hub and streamlining discharge processes for housed and homeless individuals.
 - i. Extending the Adult Social Care safe and well checks and reviews to proactively contact people, starting with the most vulnerable, to ensure they receive the support they require.
 - f. **Communication and engagement** – Funding will support the extension of the joint County and City communication and engagement strategy, working with LRF partners to provide a flexible approach to messaging and using the right channels to reach a given audience in a timely manner. Key activities will be to develop and amplify messages, highlighting areas of concern. This will include identifying key influencers / trusted voices who can help to deliver and promote messages within their own communities/ areas of influence, identifying and exploring further areas of concern/ non-compliance with national guidance and exploring how communications can use findings from behavioural studies to address the specific issues identified. To deliver this activity, additional capacity is required. Therefore, it is proposed to recruit to two one-year fixed-term posts:
 - i. Senior Communications and Marketing Business Partner (Band C - £53,334), responsible for managing the communication and engagement strategy and communications with senior stakeholders
 - ii. Communications and Marketing Officer (Band A - £41,473), to support with all operational delivery.
11. The funding plan in **Appendix A** provides a full breakdown of the activities and outcomes that will be supported across both funds and outlines the delivery partner and spend associated

with each. Activities that will be supported solely by the Test and Trace Grant have also been included in this breakdown, such as the deployment of Infection Prevention Control Clinicians in healthcare settings and the recruitment of additional temporary Public Health capacity, to support outbreak management and critical Public Health services.

12. The funding plan in **Appendix A** has been developed with LRF partners and the proposed funding allocation to lower tier local authorities in Nottinghamshire has been agreed with District and Borough Council Chief Executives. Approximately £1.75 million will be allocated directly to District and Borough Councils as key delivery partners, primarily to support with enforcement, contact tracing and communication and engagement activity.
13. A contingency of £1,005,792 has been allocated from the Contain Outbreak Management Fund, to ensure that funding reserves are available for future outbreak priorities as they emerge. This means a total contingency of £1,546,902 will be held by the County Council across the two funds. It is proposed that Local Authority and LRF partners will be able to draw down on this funding through an approved process.
14. Nottinghamshire County Council received notification on 01 December 2020 that further funding would be made available to upper tier local authorities facing higher restrictions upon exit from national lockdown in the form of regular payments, up until the end of the 2020/21 financial year (subject to review in January 2021). This has been allocated in recognition of the ongoing public health and outbreak management costs of responding to COVID-19.
15. This additional funding will be allocated at a rate of £4 per person for local authorities in tier 3 and a rate of £2 per person for those in tier 2, per 28 days spent in those restrictions. The further funding has been allocated on the condition that eligible local authorities provide information to Contain with regards to how funds have been allocated. This will provide valuable insight in to how the fund is supporting frontline activities in Nottinghamshire and will feed in to the review of the Contain Outbreak Management Fund in January 2021.
16. In addition to the funding that the local authority will receive for the period following exit from national lockdown, Nottinghamshire County Council was informed on 03 December 2020 that they would also be eligible to receive an additional top-up payment of £709,906, in recognition of the period of time spent in tier 3 restrictions ahead of national lockdown on 05 November 2020. This top up payment and the additional funding outlined in paragraphs 12-13 will be considered in the further development of the funding plan.
17. At the time of writing the paper, there is substantial work being planned to implement targeted testing at scale utilising new lateral flow devices to supplement the existing testing strategy. This will require significant resource and therefore will need to take priority on use of the available contingency. It is likely that the additional funding and top up payment allocated to Nottinghamshire County Council and outlined in paragraphs 12-14 will also contribute to supporting this activity
18. Corporate Leadership Team (CLT) approved spend of the Contain Outbreak Management Fund ahead of committee approval at the end of October 2020, including approval to recruit to necessary posts to ensure that any delay in progressing essential activity was minimised. A further report will be brought to committee to clarify the establishment of further posts within Nottinghamshire County Council, funded by the Contain Outbreak Management Fund.

Other Options Considered

19. No other options were considered as the Contain Outbreak Management Fund is ring-fenced to support proactive intervention and containment measures in relation to COVID-19.

Reasons for Recommendation

20. The Contain Outbreak Management Fund is ringfenced to support proactive containment and intervention measures in relation to COVID-19. The plan outlined in this report is paramount in ensuring a sufficient level of resourcing to deliver essential local outbreak control activities in Nottinghamshire.

Statutory and Policy Implications

21. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

22. The financial implications of this report are contained in paragraphs 3-4 and 8-14. The staffing costs for the communication and engagement posts are £94,807, which will be met fully from the Contain Outbreak Management Fund. As this fund is allocated to mitigate against the implications of COVID-19, the resource plan will cover the remainder of the 2020-21 financial year and also be used in 2021-22 to ensure the full impact of COVID-19, including recovery, is addressed.

Human Resources Implications

23. HR implications relating to the communication and engagement programme are included paragraph 8(f) of this report. As planning develops, a number of additional fixed-term posts will be required to support the delivery of this plan. A further report will be brought to committee to clarify the establishment of posts within Nottinghamshire County Council, funded by the Contain Outbreak Management Fund. Early engagement with the existing services referenced will be undertaken prior to the formalisation of future staffing establishment requirements.

Data Protection and Information Governance

24. The development of the case management system 'COVIZ' and multi-agency contact tracing model requires Information Sharing Agreements and access agreements between organisations. This is being investigated through close working with the County Council's Information Governance Team.

RECOMMENDATION/S

- 1) The Committee approves the use of the Contain Outbreak Management Fund, as per the proposed funding plan, for which Nottinghamshire County Council has been allocated £6,625,792.
- 2) The Committee approves the establishment of two fixed-term staffing posts to support the delivery of the COVID-19 communication and engagement strategy, funded from the Contain Outbreak Management Fund (set out in paragraph 8(f)).

Jonathan Gribbin
Director of Public Health

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Constitutional Comments (KK 17/12/20)

25. The proposals in this report are within the remit of the Adult Social Care and Public Health Committee.

Financial Comments (DG 17/12/20)

26. An amount of £6,625,792 has been received for the Contain Outbreak Management Fund. As per Appendix A, an amount of £1,005,792 has been allocated from this funding for contingencies. Any additional funding received will be added to the contingency money until further plans are agreed. The money received will be spent in the current financial year and in the following financial year ending 31 March 2022.

HR Comments (WI 17/12/20) Recruitment to the two fixed term posts will be undertaken in line with the Authority's recruitment procedures. The successfully recruited candidates will be employed on fixed term contracts for the duration as described in the report. Additionally, as noted in paragraph 21 there will need to be early engagement with services where staffing is to be established or may be impacted.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- [Local Authority Test and Trace Grant Resource Plan](#) (Published 14 September 2020)

Electoral Division(s) and Member(s) Affected

- All

Appendix A - Funding Plan for Contain Outbreak Management Fund and Test and Trace Grant

Aim and Outcome	Key Elements	Delivery Partners/Delivery Method	Contain Funding Allocation £6,625,792	Test and Trace Grant £3,802,915	Funding Total £10,428,515
Local Testing Improved coordination, deployment and outreach	Deployment of testing coordination and delivery infrastructure and recruitment of posts.	Coordination and delivery by CCG.		£400,000	£400,000
	Mobile testing targeted to local communities e.g. vulnerable, homeless etc.	Plan A) NCC Volunteers, Framework, Red Cross and voluntary groups (4 or less). Plan B) District and Borough Councils to each identify a small team of volunteers (min 4) to mobilise support.	£35,000		£35,000
	CCG Testing Coordination Posts and other new testing requirements.	Coordination and delivery by CCG and County Council Public Health.	£445,000		£445,000
Infection Prevention and Control Improved outbreak management in healthcare settings.	Deployment of infection prevention and control clinicians in settings such as care homes.	Coordination and delivery by CCG.		£982,000	£982,000
Contact tracing with individuals and Control Measures in settings To ensure sufficient capacity for contact tracing and	County Council Customer Service Centre telephone-based contact tracing integration with National Test and Trace System. Recruitment of staff to increase service capacity.	County Council Customer Service Centre (new activity).		£250,000	£250,000

<p>implementation of health protection control measures in settings in local outbreak management.</p> <p>To ensure effective track and trace in Nottinghamshire, including locally enhanced contact tracing as part of the national system. Aiming to increase contact tracing rates to 90% target.</p>	Development of the local COVIZ Client Management IT system to support integration, management, coordination and use of all local contact tracing.	New activity for County Council IT.	£37,000		£37,000
	Provide the address/telephone number of COVID-19 positives cases with missing contact information using District and Borough Council held databases through the COVIZ database case management system. This will enable the County Customer Service Centre to undertake contact tracing (average of 7 (1-15) cases per week per district).	District and Borough Councils to input information from their databases to support County contact centre tracing.		£50,000	£50,000
	Identification of premises of special interest and delivery of associated interventions.	Ongoing core activity for District and Borough Council Environmental Health teams.		£70,000	£70,000
	Responding to outbreaks and undertaking complex contract tracing at specific premises and locations.	Ongoing core activity for District and Borough Council Environmental Health teams.		£140,000	£140,000
	Working with LRF members e.g. Police and County Council enforcement to deliver a joined-up approach to contact tracing and any wider COVID-19 related Enforcement issues.	District and Borough Council Environmental Health/Community Safety leads to hold joint tasking meetings with Police and Public Health (at least weekly). Topics to include business regulation, public realm compliance, failure to isolate cases, COVID-19 containments plans etc.		£55,000	£55,000
	Participation in the development and use of the new client management system for contact tracing (COVIZ) as a single point of information to support local contact tracing and outbreak management.	District and Borough Environmental Health teams and admin support staff.		£35,000	£35,000
	Physical visits to failed contacts to ascertain status and compliance. Cases accessed via COVIZ case management system.	Plan A) County Council to contract a team (e.g. Parking Service, Home Care Services) for those that cannot be contacted after 2 call attempts at £10/visit (circa < 20 per week) per District and Borough Council.	£170,000		£170,000

		Plan B) Optional teams from District and Borough Councils for outputs controlled via Service Level Agreements for those that cannot be contacted that have refused to provide contact information >10 a week per district. Also, could include some of those that cannot be contacted after 2 call attempts at £10/visit.			
	Contact tracing contingency for County Council contact tracing.	If additional role of Local Authority in National Test and Trace and/or duration of service is needed into 2021/22.	£153,000		£153,000
Enforcement To ensure a coordinated enforcement approach across agencies to ensure communities and settings are safe. To ensure sufficient capacity for regulatory activities and enforcement with businesses and other premises. To ensure that Public Realm is safe. To ensure that statutory Environmental Health and Trading Standards duties are maintained.	Appointment of a senior system Programme Manager to oversee the development of a coordinated 'contain' approach across the LRF, followed by the appointment of three local 'Covid Response and Contain Coordinators' to work with the Programme Manager across each community safety partnership area if required.	County Council led appointments but embedded in Community Safety Partnerships.	£200,000		£200,000
	Delivery of a programme of proactive and reactive telephone and physical visits to target business premises to assess and secure COVID-19 compliance.	Ongoing core activity for District and Borough Council Environmental Health/Economic Development (as well as other staff). Will be allocated on a £ per population split.	£1,250,000		£1,250,000
		Resource to support County Council staff and network costs.	£200,000		£200,000
	Ensuring public realm safety through COVID-19 Officers and Marshals.	Ongoing core activity for District and Borough Councils.	Covered by High Street Fund and/or Local Authority Enforcement Grant.		
	Maintain food hygiene inspection programme to Food Standards Agency requirements.	Ongoing core activity for District and Borough Council Environmental Health teams. Will likely need for backfilling with competent staff.	Covered by funding for COVID-19 visits.		
Public Health Capacity To ensure sufficient capacity for Public Health Outbreak Management and critical Public Health Services.	Additional temporary posts employed through County Council Public Health Division.	New Public Health posts.		£829,805	£829,805

Schools and education To support and ensure effective outbreak management in education settings.	Recruitment of a Project Lead. Providing Public Health advice to schools.	County Council Public Health and Education.	£150,000		£150,000
Humanitarian Support To ensure support is available for people and communities (including vulnerable groups and addressing mental wellbeing).	Including Community Hub infrastructure, funding for schemes, for mental health and wellbeing, Community Hub Food Plan, self-isolation and care home support. Recruitment of liaison coordinators in Adult Social Care.	Coordination through Public Health and LRF Humanitarian Assistance Group and Community Hub Cell.	£2,520,000	£300,000	£2,820,000
	Commissioning a Homeless Health team.	County Council Public Health Commissioning.	£143,600		£143,600
	Housing officers to support rough sleepers into temporary accommodation.	District and Borough Council Housing Officers.	£36,400		£36,400
Communication & Engagement To ensure effective communication of behavioural approaches and local messages relating to outbreak management.	Develop and deliver local communication activities that support LRF core messages and themes, including hard to reach groups. Recruitment to support implementation of comms strategy.	Ongoing County Council led COVID-19 comms with LRF Partners. Includes funding for a one year fixed-term post for a Senior Communications and Marketing Business Partner (Band C) and a one year fixed-term post for a Communications and Marketing Officer (Band A) at a total of £94,807.	£210,000	£150,000	£360,000
		Ongoing District and Borough Council COVID-19 comms.	£70,000		£70,000
Contingency Fund To ensure funding reserves for future outbreak priorities.	Contingency fund.	Held by Nottinghamshire County Council.	£1,005,792	£541,110	£1,546,902
TOTAL (not including contingency)			£5,620,000	£3,261,805	£8,881,805

11 January 2021

Agenda Item: 6

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH AND THE DIRECTOR OF PUBLIC HEALTH

ADULT SOCIAL CARE AND PUBLIC HEALTH SERVICE IMPROVEMENT PROGRAMME FOR 2021/22 TO 2023/24

Purpose of the Report

1. This report outlines the department's programme of work and investment required for the delivery of effective and efficient services during 2021/22 to 2023/24.
2. The report sets out how the Adult Social Care & Public Health Department will further develop existing programmes of work to realise benefits and introduce new initiatives that will help the department to deliver its priorities, achieve future efficiencies and support service improvement during the period 2021/22 to 2023/24.
3. The report also seeks approval for the investment required to deliver the Service Improvement Programme including establishment of posts to deliver the plan.

Information

The Impact of Covid 19

4. Covid 19 has had a significant impact on the operational running and delivery of Adult Social Care and Public Health services. In the first wave of the pandemic the department moved quickly to an emergency response mode which saw the implementation of emergency operating models and different ways of working for the workforce.
5. Since March 2020 Covid 19 has impacted the department in a number of ways, in particular:
 - the requirement to discharge large numbers of people from hospital quickly but with appropriate support in place
 - the need for clinically vulnerable people the Council supports to be shielded whilst at the same time ensuring that they remain safe
 - responding to pressures experienced by providers in the external care market, helping them to remain resilient and ensuring they have adequate staffing to keep vulnerable people in their care safe

- the need to introduce emergency operating models, for example where building based services such as day services had to temporarily close, the department was able to offer alternative support to people during the day either in their own homes and community or by using digital technology
 - helping carers who were unable to access respite services or support to ensure they were able to sustain their caring role
 - where it was possible to provide support face to face, developing different ways of working with people that adhered to social distancing guidelines
 - a reduction in income which has had an impact on the department's budget
 - the increased need to use residential placements, which delivers poorer outcomes for people's independence, due to difficulties in housing supply
 - reduced opportunities to support people to access employment, day opportunities and wider social inclusion due to the restriction on movement and community activity
 - decreased effectiveness of reablement and enablement support as people became more isolated and spend more time at home with reduced mobility
 - increased demand for support with mental health and wellbeing
 - an increased number of people admitted to hospital services for learning disability, autism and mental health reasons
 - the need to find ways to support families and unpaid carers who were reporting additional pressure but who were anxious about receiving alternative services or support in their own homes
 - increasing reports of violence and abuse in the home.
6. By summer 2020, the department had begun planning for recovery, in readiness to stand services and programmes of work back up, however given the resurgence of the pandemic it has not been possible as yet to move from emergency response into full recovery.

Programme of Work 2021 – 2024

7. Plans to co-produce and renew a number of departmental strategies have been put on hold during the pandemic. In addition to this, the Council has faced some new financial challenges due to loss of income.
8. Alongside the emergency response, the department's key priority will continue to be to support vulnerable adults and carers, focusing on prevention and early intervention to ensure that people are supported early and to prevent them from reaching a crisis point. For example, as described later in the report, support such as Shared Lives and Technology Enabled Care offers different cost-effective options to support people.
9. Although the Council will continue to be in emergency response mode, there are some areas of the programme that can commence. It is within this context that the new programme of work has been developed. Some resource will be required to support the overall delivery of the Service Improvement Programme and this is described in **paragraph 26**.
10. Further detail about the proposals for the Programme of Work 2021/22 to 2023/24 and progress against it will be reported to the Improvement and Change Sub-Committee in June 2021.

Continuation of existing programmes of work to realise benefits

11. The Adult Social Care and Public Health Department formally closed its previous programme of service improvement, the Improving Lives Portfolio, in March 2020. This programme of work had delivered its planned objectives. A number of key strategic areas of work have continued and been adopted as a business as usual way of working. These elements will deliver a range of benefits into 2023/2024.

a. Technology Enabled Care (TEC)

TEC can support vulnerable adults to be more independent both at home and away from home. In some cases, this can prevent or delay the need for a placement in a residential care setting. Ongoing technological developments mean there are now more opportunities to use TEC to provide a wider range of devices to support more people to self-manage their own care and support needs (for example, smart home devices to enable people to control lighting, entertainment and social contact). There are also, for example, opportunities to use TEC to manage risks which currently require individual one to one or overnight support, mainly in Living Well services for working age people.

The table at **paragraph 27** describes the overall financial benefit anticipated from this work. In delivery, this will potentially take the form of reduced home care and provider costs where people are being supported in a different way.

b. Housing with Support - Living Well (working age people)

Activity proposed here builds on the existing work of the Housing with Support Strategy to enable people aged 18-65 years to move from long-term residential care into the community; from smaller, less cost-effective supported living into self-contained accommodation; or out of supported living into general needs accommodation. As people move on to more independent settings, it creates opportunities for other people to be offered help into a supported living setting.

This year, the impact of Covid 19 has made it more challenging to support people to move into more independent accommodation. This has impacted on the successful delivery of the Housing with Support Strategy and has slowed the disinvestment in long-term placements.

The table at **paragraph 27** describes the overall financial benefit anticipated from this work. In delivery, this work should reduce the cost of some care packages because people will become more independent and live in accommodation with lower levels of support required. Another benefit is that people become and feel part of the community where they can thrive and lead more independent lives.

c. Shared Lives

During 2019, Shared Lives Plus, the national body for shared lives services (where people live in the home of a shared lives carer), undertook a detailed analysis of the Nottinghamshire Shared Lives scheme and made recommendations about how the

service could be developed. The analysis concluded that although the current scheme is highly efficient and effective, there is potential for growth.

Shared Lives Schemes rate highest in terms of Care Quality Commission ratings nationally and deliver better outcomes for people than other forms of accommodation-based support such as residential care. Compared to the average cost of residential care in Nottinghamshire, Shared Lives costs £323 less per week than the average cost of residential care, and £271 less per week than the average cost of supported living.

If the Council was able to double the number of Shared Lives placement opportunities available for people with learning disabilities over the next five years, it would mean that an additional 75 people (an increase from 3.5% to 7%, based on 15 additional placements a year) could benefit from the scheme.

As part of the expansion of this service the department will research the need for support from external marketing and recruitment partners to facilitate the recruitment of carers. Any future investment requirement will be presented to Committee at a later stage. The table at **paragraph 27** describes the overall financial benefit anticipated from this work.

Shared Lives – a real life example

Miss A has a learning disability. She used to live with her mum, who was her main support, but due to deteriorating health needs mum was admitted into hospital with long term health issues and later tested positive for Covid-19. Miss A was matched with a Shared Lives Carers who lived in the same area and moved in with her on the same date 26/03/2020. Today Miss A is well settled with the family. She has ongoing emotional, social and medical needs which the Shared Lives Carer is aware of and is in regular contact with professionals, including a Social Worker. Miss A is in regular contact with her mum and aunt via video and telephone calls. Her aunt has also visited Miss A in a socially distanced way at the Shared Lives Carer's home. Miss A's aunt said she can 'hear that Miss A is very happy over the phone'.

d. Increased use of Personal Assistants (PAs)

The Direct Payment (DP) Team within the Integrated Strategic Commissioning Unit works closely with operational staff, offering advice and guidance to promote the use of Personal Assistants. This includes, for example, projects to increase the number of PAs available across Nottinghamshire and training sessions for operational staff. The benefits of PAs are that they:

- offer people more choice and control over how their support needs are met
- through people directly employing a PA, offer more flexibility than a support package through an agency could provide
- provide people with a directly employed PA package which is a more stable and tailored support package that maximises the delivery of the individual's outcomes

Increase use of Personal Assistants (PA) – a real life example

Mr M is an older adult who has Parkinson's disease and dementia. He was very clear that he did not want to go into a residential home and wanted to remain living in his own home. Care agencies were tried, to deliver support four times a day, however this did not work out. Mr M now receives a Direct Payment and uses this to employ PAs to meet his support needs. His mental and physical health have improved which has enabled him to remain in his own home in keeping with his wishes. By employing PAs through the Direct Payment, it has also meant that the cost of Mr M's support is £267.20 per week less than it would be if an agency was delivering his care.

The table at **paragraph 27** describes the overall financial benefit anticipated from this work.

Further development of existing programmes of work

12. Developing 'strengths-based approaches' and 'maximising independence' are areas of work established in 2019 and developed through the new workforce model approved by the Adult Social Care and Public Health Committee in October 2019, which was implemented in September 2020. Both areas of work will be expanded throughout 2021. The paragraphs below summarise the work that will be undertaken.

a. Maximising Independence Service (MIS)

The introduction of the Maximising Independence Service brought together the department's Adult Access Service, Short Term Assessment and Reablement Teams (START) and Notts Enabling Service, to create a more joined up approach and to support early work with people to help them gain or regain their independence and wellbeing. The focus of the MIS is on early resolution; prevention and re/enablement; providing information, advice and guidance; short-term goal setting and support to achieve those goals using strengths-based approaches. Overall key benefits of the service will be that:

- more people will be supported to maximise their independence, leading to a reduced need for ongoing packages of care
- more people will have their issues resolved earlier, reducing/delaying the need for formal Care Act assessments and packages of care.

There are two key areas for further development in relation to the Reablement element of the Maximising Independence Service, as follows:

i. Increase capacity from within the current Reablement Service staffing resource

The introduction of additional staff through the new Home First and MIS posts will increase capacity within the Reablement Team. This will help to maintain the high level of case completions achieved in March 2020 (188 per month). Work commenced this year which will generate further capacity to support an additional 122 people a year,

equivalent to a £0.57m full year reduction in the department's Community Care Budget for 2021/22.

In order to increase the number of people who can be supported by the Reablement Team the processes for referring people into the service and supporting them to move on from the service after a period of reablement have already been reviewed. This has involved automating some of the processes and increased the need for the workforce to have access to reliable tablet devices to do their work effectively. The existing smart phones and lap tops that staff had were not fit for purpose. A one-off Better Care Fund proposal for new tablet devices was approved by the Health & Wellbeing Board in July 2020. It is projected that the new processes will increase capacity, enabling the Reablement Service to support an additional 54 people per year, generating budget reductions of £0.25m full year effect.

ii. Increase capacity through additional staffing resource

A significant proportion of people supported by the Reablement Service, 82% in 2019/20, were referred as part of a hospital discharge. The new national Hospital Discharge Guidance and Discharge to Assess model has increased both the number of people for the service to work with and also the speed at which re-ablement needs to be in place to facilitate safe discharge home. The department's strategy to support more people directly home is to invest in more home-based reablement, instead of more short-term assessment and re-ablement apartments and beds. Analysis has identified that significantly more people living in the community and receiving homecare could benefit from the service and be supported to regain their independence while in their own home. Initial analysis identified an additional 622 people per year could benefit from reablement, resulting in a reduction of homecare equating to £567,819 in 2021/22 and £1,186,727 in 2022/23. This modelling assumes an average package duration of 20 days and an average reduction in homecare of £87.12 per person per week. The added benefit is that this will free up more homecare to be available for new people that need it and therefore help with ongoing difficulties in having sufficient supply.

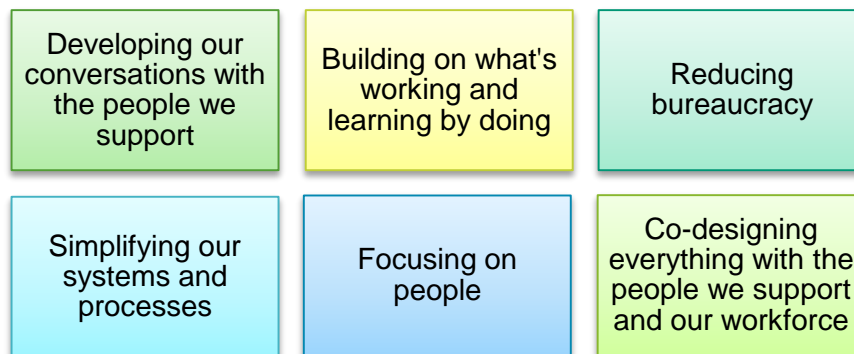
To meet this additional demand, approval is sought from the Committee to establish 49 FTE additional posts on a permanent basis. The costs of establishing the additional posts is £1.65m and is described in more detail in the table at **paragraph 26**. This will be funded through reinvesting £1.04m in budget reductions and £607,000 from realigning existing budgets.

b. Strength-Based Practice

This element of the service improvement programme is about helping staff and the people they are supporting to work in ways that focus on the person and their strengths not deficits, their life, their circumstances, and their personal outcomes that they want to achieve. The Strengths-Based approach aims to support more people to have their health and wellbeing supported whilst living independently in their own homes and being part of their local communities. Strengths-Based approaches are based on 'doing the right thing' to support a person to live the life that they want. There is national evidence that working in a strengths-based way also results in better use of resources.

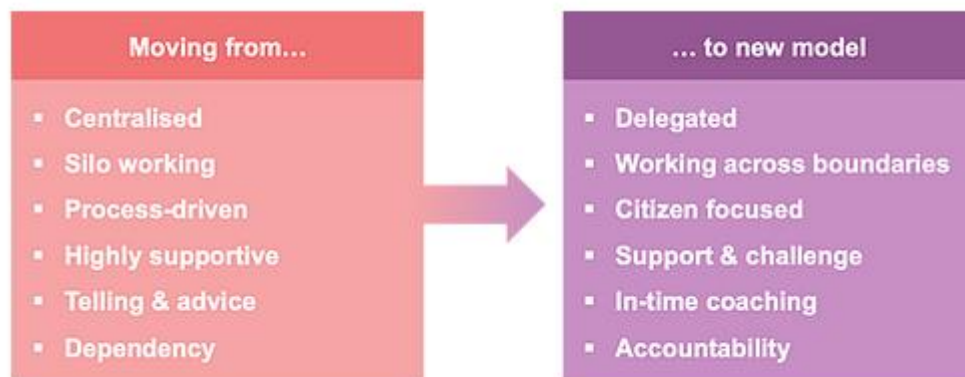
The work will take place with adults of all ages across both Ageing Well and Living Well services. Working in a strengths-based way will result in more people accessing local community alternatives and services, as well as a reduction in unnecessary time spent in residential care, for example, when it is used because the service people actually need is not available at that point. A programme of work will be developed to support locality Group Managers, Team Managers and their teams to lead on and deliver this cultural change. They will develop new ways of working within their integrated teams as part of the move towards place-based working with Primary Care Networks, Community Health, District Councils, local communities and the voluntary sector. Support will be provided team by team to embed the new approaches. Some of the work will require earlier interventions with people before they develop social care needs, for example a wellbeing and housing MOT to help people plan for later life, so the work will also be interdependent of corporate reviews on the model of access to services and early intervention. The aim is to support more people to become independent and build on the strengths that people already have.

This will be achieved by:



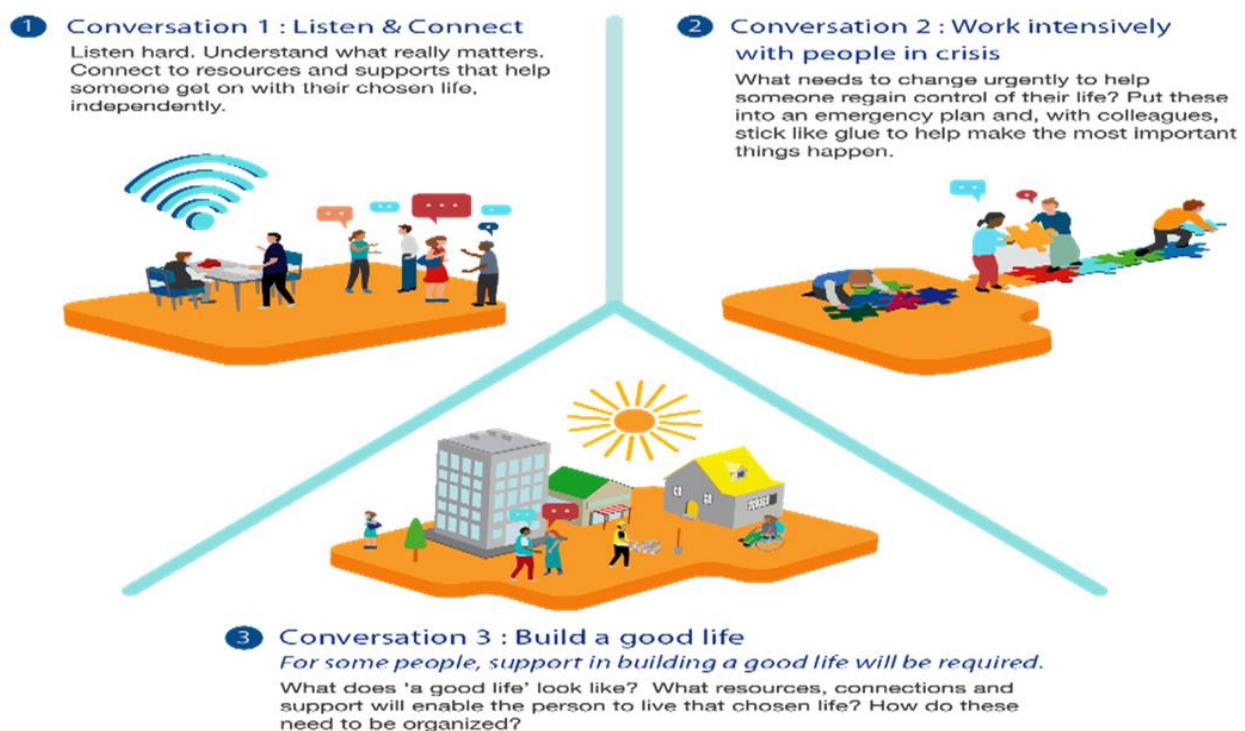
13. To take Strength-Based practice forward the Adult Social Care and Public Health department will also be investing in a programme of culture change, as follows:
 - i. Owing and Driving Performance – the department has partnered up with ELA Development, culture change specialists who have worked with different councils and organisations across the country, and is investing in training and development for the whole workforce over the next two years through an Owing & Driving Performance Programme. This will create the right environment, atmosphere and management approach to fully embed strengths-based approaches. The programme offers staff high support and high challenge and empowers staff to take ownership of their work, performance and collectively own and drive performance. The investment, over the next two years, of up to £250,000 in manager and staff practice through the Owing and Driving Performance Programme and strengths-based approaches was approved by the Adult Social Care and Public Health Committee in January 2020 and this will be funded from reserves.

Culture change model:



- ii. Three Conversations – this work is being led by the Principal Social Worker and Principal Occupational Therapist. As part of the commitment to delivering strengths-based approaches across the department, a strategic partner called Partners 4 Change has been commissioned to develop and implement their Three Conversations model. Evidence from other local authorities who have adopted this approach has shown improved outcomes for people, increased staff wellbeing, increased use of Direct Payments and reductions in the number of people accessing longer term services. This programme of work is being funded from Better Care Fund reserves of £100,000 until October 2021. To ensure the work is well embedded a further £100,000 is requested for a further year, until 2022, to secure continued support from the strategic partner. Evaluation of baseline data relating to how the system has been working and general trends has commenced and plans for implementation are being developed with a planned rollout in 2021. Reports on progress to achieve the objectives of the programme will be presented to Committee including real life stories of impact made.

Three Conversations Model:



The additional investment required to deliver the Strengths-Based activity is described in the table at **paragraph 25**.

Additional themes of the Programme of Work

14. To support the delivery of further service improvement in the Adult Social Care and Public Health Department, a number of key areas of work have been identified and these are described in **paragraphs 15 to 21** of this report.

Theme 1: Digital, Systems & Processes

15. The pandemic has amplified the need to enhance the department's digital offer and ensure that systems and processes are fit for purpose. Ensuring the department can respond and support people through digital means, as well as interact and share information with health partners is key to ongoing developments. Enabling staff to spend more time with people and less time on processes and systems is a key objective.

a. Simplifying Processes

The purpose of this project is to make sure that the department's processes are easy to use, fit for purpose and support a strengths-based approach. A survey of Adult Social Care staff in 2019 found that some of the department's processes were long winded, causing workers to spend 70% of their time completing processes and leaving only 30% of time to work with people. The Simplifying Processes project's overall aim is to reduce the amount of time staff spend completing forms and processing information and increase the time spent having strength-based conversations with people.

b. Digital Partnership Programme

This work aims to improve the experience of people accessing information, advice, guidance and support from the Council and to make sure that our systems are aligned to those of our health partners, and seamless for the user. Aligning with health partners also helps the department to use shared information to identify individual's needs at the earliest opportunity, and proactively intervene to avoid a crisis situation emerging. The current programme has delivered nationally recognised projects to support health and social care integration since April 2017, including access for frontline staff to the Health and Care Portal. Examples of current work in the discovery phase will deliver improvements to Disability Facilities Grant process; improve information sharing with health and other key partners; and improve the referral process from acute hospitals for people who qualify for a Certificate of Visual Impairment.

The current resource to deliver the partnership projects was funded through the Better Care Fund (BCF) for 2020/21. This is due to end in July 2021. It is anticipated that any outstanding work beyond July 2021 will be aligned to the Integrated Care System strategies to continue to develop joint working across health and social care. Scoping work will take place in the new year and where additional resources may be required, this will be requested at a later date in line with normal governance arrangements.

c. Adult Social Care and Public Health Digital Strategy

An Adult Social Care Digital Strategy 2017-2020 was agreed in 2017 which set out the department's approach to developing new ways of working that would support people to engage with the Department using different channels and new technology. The Strategy is now being refreshed to ensure that it reflects learning from the Covid pandemic, the requirements for the way technology is used to engage with the people the Council supports, the wider population of Nottinghamshire, and the providers and partners the Council works with and the new skills and equipment that the workforce will need. The development of the Strategy will take into account and align with work happening Council-wide to review the approach to access to services. The Adult Social Care and Public Health Digital Strategy will be co-produced with the people the Council supports and the workforce and presented to Committee at a later stage. It is anticipated that investment will be required to deliver this, and associated costs will form part of the report.

The diagram below describes the main pillars of the draft strategy that are being developed:



Theme 2: Statutory and Legal Requirements

16. The following are key areas that the department will be responding to and enacting over the next 12 months:

a. Liberty Protection Safeguards and The Mental Capacity (Amendment) Act 2019

Liberty Protection Safeguards will be replacing the Deprivation of Liberty Safeguards and will require alignment with health partners and Children and Families Services, as the new guidance will protect people aged 16+ and give more responsibilities to acute hospital trusts and Clinical Commissioning Groups. Implementation has been delayed by the Government to April 2022 due to the Covid pandemic. When the Government's recommendations about the regulations and code of practice are clearer, there may be an additional cost to implement the Liberty Protection Safeguards, for example because of the potential need to procure specialist training support and the workforce required. The Government has not yet announced if and when this work will be funded. Any implications on Council resources when known will be reported to a future meeting of the Committee.

b. The Mental Health Act 1983

The Government announced in 2017 there would be an independent review of the Act to address rising detentions, racial disparity in the use of the Act and concerns about human rights. The changes recommended by the review set out to give much greater legal weight to people's wishes and to require stronger, transparent justification for using compulsory powers. The White Paper to take the review forward has not been published yet. However, if and when it is published the Adult Social Care and Public Health Department will need to establish what work is needed to meet the requirements in the White Paper.

Implementation of both the Liberty Protection Safeguards and Mental Health Act changes may also require some changes to staffing to reflect the statutory changes.

c. Winter Plan

In response to the requirements set out by the Department of Health and Social Care in September 2020, the Department published its Winter Plan for Covid 19. There were 77 requirements and the 10 requirements that required further action are being monitored through existing governance arrangements.

Theme 3: Performance and Quality Assurance

17. A set of core metrics are being co-produced with staff across four key themes: Quality of Life, Positive Contributions, Independence and Use of Resources. This framework will help the department to understand if it is delivering the best possible outcomes for the people of Nottinghamshire.

A review of the existing suite of management information is also being undertaken. The department has identified some key principles for management information which will inform development of future measures:

- **Demand** – the department should be able to predict and manage demand for the service in order to be ready to support people at the right time
- **Resources** – the department should be able to manage its finances and resources efficiently and effectively based on the performance data, and direct resources where needed and reduce variation

- **Commissioning** – the department should be able to develop the market and commissioning intentions based on performance data by creating closer links with operational processes
- **Improvement & transformation** – the department should be able to identify where service improvements are required, and track savings and benefits on programmes of work to ensure its objectives are met
- **Statutory Reporting** – the department should be able to fulfil its statutory reporting obligations
- **Continuous improvement** – the department should be able to use management information for continuous improvement.

Work to develop a quality strategy will commence as the Council recovers from Covid and this will be presented to Committee at a future date.

Theme 4: Departmental Operating Model Reviews

18. A new operating model for the adult social care workforce was introduced in September 2020. Some areas of service were excluded from this review as it was recognised that a more specialist approach to service review was required. The department aims to keep new operating models under review to ensure it continues to support achieving departmental priorities. The Senior Leadership Team will consider the success of the new model based on data, feedback from staff and people supported, as well as how well changing priorities are responded to. Information about any specific service reviews that are identified will be presented to Committee as and when they arise. An update on the operating model introduced in September 2020 will be presented to the Adult Social Care and Public Health Committee in June 2021.

Theme 5: Prevention and Early Intervention

19. This theme relates to the prevention strategy, community asset based planning and Local Area Co-ordination:

a. Prevention Strategy

In July 2020, Improvement & Change Sub Committee approved a new model of transformation, improvement and change for the Council. The new model will focus on delivering cross cutting themes and service improvement at departmental level. Developing integrated prevention and early help intervention that are community based through community assets is a key theme. All age approaches to improving support for those with disabilities will take a “whole life course” approach that focusses on improving outcomes, minimising risk and by supporting people to plan early for the key stages in their lives.

For Adult Social Care and Public Health, the demand for services will continue to increase and the department will focus on prevention and early intervention to ensure people are supported early and prevent them from reaching a crisis point. Commissioning preventative services is a key part to achieving this aim.

Due to the pandemic, the Department has not been able to conduct a Joint Strategic Needs Assessment (JSNA), which looks at the current and future health and care needs

of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services. The JSNA helps to identify the wider social factors that have an impact on people's health and wellbeing, such as housing, poverty and employment, health of the population and health inequalities. This will be picked up as part of the Department's recovery from the pandemic.

A departmental Prevention Strategy will be developed which will inform future commissioning intentions. Opportunities to invest in preventative services through the Better Care Fund will support future developments and link to a Council-wide prevention strategy that will clearly articulate how the Council will prevent and delay adult social care need.

b. Community Asset Based Planning and Local Area Coordination

The purpose of this work is to support more people to access ordinary community assets. Community assets are collective resources which individuals and communities have at their disposal; those which can be leveraged to develop effective solutions to promote social inclusion and improve health and wellbeing. Assets can include organisations, associations and individuals. A list of community assets could include libraries, health centres, leisure centres, local bus services and GP practices. Voluntary and community groups such as faith groups, sports clubs, residents' associations and charities. Gap analysis for Community Asset-Based planning is taking place to establish what is currently available and where gaps are. Work is being scoped to understand where opportunities for development are, for example partnership working with Inspire to connect more people with community facilities. Other work involves how Adult Social Care and Public Health can feed into the work of the Community Hub and supporting strong communities.

Local Area Coordination is being considered as part of this work in supporting more people to access community assets and resolve their issues early. Local Area Coordination is an evidence-based approach and philosophy that has been adopted by a growing number of local authorities in the UK. At its heart it views people (who may need support to live good lives) as citizens with skills to share not service users with problems to be managed. In summary it:

- localises support in the community through the work of a dedicated Council employed Local Area Coordinator who uses an evidence-led methodology that fosters non-service solutions, builds connections and helps people make their contribution
- helps grow community life and supports communities, using co-production, to take control of and develop their assets.

Nationally research has evidenced the positive impact of local area co-ordination for example:

- good health and wellbeing outcomes, increased independence, connectivity and opportunity for people to make contributions in their communities
- communities and health and social care colleagues have a locally based, named person to connect around concerns, ideas and introductions. It offers a bridge

between communities and the wider service system, helping groups access funding, providing more opportunity for co-production and developing new activity.

Funding of £466,000 for a period of two years from the Better Care Fund (BCF) for the development of a community asset-based approach has already been secured in agreement with the Clinical Commissioning Groups. Some of the money will fund a Local Area Coordination pilot in Nottinghamshire. If the pilot is successful, future resource requirements will need to be identified and a funding solution agreed.

Theme 6: Integrated Personalised Care and Support Systems

20. This theme co-ordinates the implementation of the NHS Hospital Discharge policy to deliver a “Discharge to Assess” approach across hospital trusts countywide, and the development of place based multi-disciplinary teams across Adult Social Care and Health. This requires a system approach with partner engagement to deliver joined up personalised health, care and community support services in the right place at the right time.

a. Urgent Care

Covid 19 has meant that increased pressure has been placed on the department to ensure that people leave hospital quickly, on the same day that they are assessed as being medically fit to be discharged. The national requirement to implement Discharge to Assess means that rapid response re-ablement or homecare is required to support people back home for the first couple of days and then staff in the new Integrated Discharge Hubs will visit them at home within 48 hours to assess for a further re-ablement plan, or if needed for a Care Act assessment. Outcomes have been positive with more people returning directly to their own homes, on or closer to the day they are well enough to do so, than prior to March 2020. The overall impact of all the Covid 19 changes is, however, an extra pressure on departmental resources and diversion from some of the resources invested in community crisis support, into the hospitals.

Future work due to be completed in the New Year involves the joint redesign of health and social care re-ablement/intermediate care services to get the right balance of investment across the system in home-based support, community hospitals and community health residential/nursing care home beds to ensure that as many people as possible go directly home. There is also work to commission the right types and volumes of services to support capacity and timely flow out of re-ablement/intermediate care services across the system (e.g. homecare, Extra Care, care homes for complex needs etc) to ensure these vital time-limited services do not get blocked. Recommendations will be presented to the Committee when completed.

b. Place Based working

A new operating model for the department was introduced in September 2020, with the aim of offering a more joined up, effective, easy to access suite of services to people who require the Council’s help and support. A report on the main changes introduced as part of the new operating model was taken to the Adult Social Care and Public Health Committee in September 2020.

One of the main changes has seen the Younger Adult learning disability, physical disability, Asperger's and mental health teams combined into one Living Well Community Team for each District, aligned to the Primary Care Networks (PCNs). The Living Well teams will work with working age people with complex and/or long-term health conditions to help them to meet all their social care outcomes from within their local community. Ageing Well Community Teams were already aligned (some co-located) to the PCNs.

The place-based model supports the development of integrated teams and networks across Primary Care, Community Health, District Councils, voluntary organisations and other partners such as the Public Health commissioned Your Health Your Way which provides a wellbeing service to encourage healthy lifestyles. The model supports the continued development of multi-disciplinary case discussion and meetings across the range of professionals who are supporting a person. A new operating model has been agreed by the south and mid Notts Integrated Care Providers (ICPs) which will shift towards local managers developing integrated teams and networks, using population health data in a pro-active way to target people for preventative services, as well as joining up local community engagement, communications and development.

Theme 7: Recovery and Reset

21. In response to the pandemic a recovery plan across Adult Social Care and Public Health was developed and agreed at Adult Social Care and Public Health Committee in September 2020. Some of the areas still being progressed through the recovery plan are detailed below and included in the overall service improvement programme plan:

a. Day Services

Work to co-produce an interim model for internal Day Services will inform the development of a day opportunities strategy which will be presented to Committee in Spring 2021.

b. All-age mental health

The need for a more integrated approach to mental health across public health, adult social care, children's services and health partners has been identified at both a strategic and operational level. Particular areas for focus across systems have been identified as:

- Community Mental Health Pathways
- Mental Health Accommodation Pathways
- Crisis and Acute Pathways.

It is recognised that Covid has had a significant impact on people's mental health and an all age approach will not only need to reflect the change in the type and severity of need, but will also have implications for the way in which this support can be delivered, including an increased preventative focus, particularly for those who are continuing to experience isolation and exclusion.

c. All age Autism

In December 2018, the Health and Wellbeing Board approved the Adults with Autism Joint Strategic Needs Assessment (JSNA) including the 11 recommendations it contains. Subsequently a draft Adults with Autism Strategy was developed in order to take these recommendations forward. To ensure the Strategy was comprehensive, the decision was taken that this should be all age to enable any gaps in provision to be recognised and addressed. To date the two children's JSNAs required to inform this all-age strategy have yet to be approved by the Health and Wellbeing Board and the all age Strategy is still to be developed. Governance for this area is now included as part of the Integrated Care System Learning Disability and Autism governance in response to the NHS Long Term Plan and will take this work forward.

d. Joint Health and Wellbeing Strategy

The Joint Health and Wellbeing Strategy for Nottinghamshire 2018-2022 (Joint Health and Wellbeing Strategy) is based on needs identified in the Joint Strategic Needs Assessment. The Health and Wellbeing Board is responsible for developing a delivery plan for each of the priorities and ambitions set out in the Joint Health and Wellbeing Strategy. It is intended to review this strategy as the Nottingham and Nottinghamshire Integrated Care System, including Bassetlaw, moves to recovery.

Other Options Considered

22. No other options have been considered. The matters set out in the report are intended to provide an update to the Adult Social Care and Public Health Committee on the Adult Social Care and Public Health Department Programme of Work 2021/22 to 2023/24.

Reason for Recommendation

23. For the Adult Social Care and Public Health Committee to understand and agree the Adult Social Care and Public Health Department's proposals for the Programme of Work 2021/22 to 2023/24.

Statutory and Policy Implications

24. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

25. The Committee is asked to approve the resource requests set out in the table at **paragraph 26**. These consist of internal staffing posts and costs external to the Adult Social Care and Public Health department.

26. The financial implications of resources requested in this report are as follows:

Job title	Grade	Full Time Equivalent	Permanent or temporary	Total cost
Service Improvement – resource to support Service Improvement Programme				
Mosaic Technical Specialist	Hay Band C	2	Temporary posts for one year until 31st March 2022	£108,892
Project Manager	Hay Band D	2	Temporary posts for one year until 31st March 2022	£58,407
Business Analyst	Hay Band C	1	Temporary one year until 31st March 2022	£55,955
Sub Total				£223,254
Maximising Independence Service				
Team Manager	Hay Band D	1	Permanent	£61,995
Senior Practitioner (OT)	Hay Band C	1	Permanent	£57,466
Occupational Therapist	Hay Band A/B	3	Permanent	£152,251
Reablement Manager	Hay Band A	3	Permanent	£133,164
Community Care Officer	Grade 5	6	Permanent	£232,354
Support Coordinator	Grade 4	3	Permanent	£95,019
Senior Reablement Worker	Grade 3	32	Permanent	£923,170
Sub Total		49		£1,655,419
External Partner				
Partners for Change			Temporary	£100,000
Sub Total				£100,000
Total financial implications				£1,978,673

These can all be funded from the cashable benefits this work is expected to realise.

27. The table below summarises the identified cashable benefits of the service improvement programme:

Area of work	2021/22	2022/23	2023/24	Total
Technology Enabled Care	£134,000	£134,000	£ -	£268,000
Housing with Support - Living Well	£ -	£150,000	£250,000	£400,000
Shared Lives	£121,000	£243,000	£364,000	£728,000
Increase use of personal assistants	£275,925	£656,964	£656,964	£1,589,853
Maximising Independence Service	£1,292,819	£1,293,971	£ -	£2,586,790
Strength Based Programme	£1,878,694	£1,785,702	£1,356,832	£5,021,237
Total	£3,702,537	£4,263,637	£2,627,796	£10,593,970

These benefits will be used to fund the resource requirements of delivering the service improvement programme and will also help the department to meet future demand and inflationary pressures.

28. The report identifies a number of work streams, still in a discovery phase, where it is anticipated approval for investment in the work stream will be brought to Committee at a later date. These are:
- Shared Lives – potential requirement for support from external marketing and recruitment partners to facilitate the recruitment of carers
 - Digital Partnership Programme – potential requirement for additional resources to further develop joint working across health and social care
 - Adult Social Care and Public Health Digital Strategy - subject to approval of the strategy a Digital Programme Plan will be developed, and it is anticipated that investment will be required to deliver this
 - Liberty Protection Safeguards and The Mental Capacity (Amendment) Act 2019 – potential impact on Council resources subject to Government’s announcement of if and when this work will be funded.

Human Resources Implications

29. Recruitment to the posts described in the table in **paragraph 26** will be undertaken in line with the Council’s Human Resources procedures and engagement with the Trade Unions.

RECOMMENDATIONS

That the Committee:

- 1) considers the Adult Social Care and Public Health Service Improvement Programme for 2021/22 – 2023/24 and recommends whether any actions are required in relation to the detail in the report
- 2) agrees the implementation of Adult Social Care and Public Health Service Improvement Programme for 2021/22 – 2023/24
- 3) gives approval for the resources identified at **paragraph 26** of this report, including the establishment of the following posts:

Job title	Grade	Full Time Equivalent	Permanent or temporary
Mosaic Technical Specialist	Hay Band C	2	Temporary posts for one year until 31 st March 2022
Project Manager	Hay Band D	2	Temporary posts for one year until 31 st March 2022
Business Analyst	Hay Band C	1	Temporary one year until 31 st March 2022
Sub Total			
Team Manager	Hay Band D	1	Permanent
Senior Practitioner (OT)	Hay Band C	1	Permanent
Occupational Therapist	Hay Band A/B	3	Permanent

Reablement Manager	Hay Band A	3	Permanent
Community Care Officer	Grade 5	6	Permanent
Support Coordinator	Grade 4	3	Permanent
Senior Reablement Worker	Grade 3	32	Permanent

Melanie Brooks
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Constitutional Comments (CEH 22/12/20)

30. The recommendations fall within the remit of the Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (KAS 17/12/20)

31. The financial implications are contained within **paragraphs 25-27** of the report.

HR Comments (SJJ 21/12/2020)

32. Any HR Implications are outlined in **paragraph 29**. The report was discussed with the recognised Trade Unions at the ASCH Joint Consultative and Negotiating Panel (JCNP) and no concerns were raised.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Report of the Corporate Director, Adult Social Care and Health – Adult Social Care Culture Change Programme – 6 January 2020

Adult Social Care and Public Health Departmental Strategy 2019-2021

Electoral Division(s) and Member(s) Affected

All.

ASCPH743 final

11 January 2021

Agenda Item: 7

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

UPDATE ON PROGRESS OF PROCUREMENT OF A NEW FRAMEWORK AGREEMENT FOR EQUIPMENT BASED MAJOR ADAPTATIONS IN PEOPLE'S HOMES

Purpose of the Report

1. This report is to update Committee on the progress of the procurement of a Single Provider Framework Agreement for equipment based major adaptation solutions in people's homes.

Information

2. In December 2019, Committee approved the tender and award of a new Single Provider Framework Agreement for a period of four years for equipment based major adaptations in people's homes.
3. In addition, Committee also approved for the Framework Agreement to be made available to each of the seven District and Borough Councils in Nottinghamshire to utilise as public bodies, using Disabled Facilities Grant (DFG) funding.
4. Due to the Covid pandemic and subsequent departmental response, the planned procurement timetable was significantly delayed.
5. Soft market testing, conducted in January 2020, indicated that combining the range of equipment based solutions used for DFG (e.g. vertical lifts, modular ramps, wash dry toilets) might exclude manufacturers, limiting bids to suppliers only; this would have impacted negatively on value for money.
6. By far the most common equipment purchased using DFG was stairlifts, so this procurement for a Framework Agreement was limited to just stairlifts, with a strong focus on a cost effective recycling model that would have a positive financial and environmental impact.
7. Stannah stairlifts is the successful company, based in the UK with a maintenance and repair depot in Mansfield, Nottinghamshire. Their bid represented the most economically advantageous. The Official Journal of the European Union (OJEU) Award Notice was published in October 2020, stating that 10 bids were received.

8. The County Procurement Team has established an Access Guide for the seven District Councils and Nottingham City Council to use; there is no cost for interested parties to use the Framework Agreement.
9. There is an expression of interest process to use the Framework Agreement, with no obligation to purchase from it. Interested parties are sent the pricing structure, order form and can set up invoicing direct with Stannah.
10. County Procurement will manage the Framework Agreement, ensuring key performance indicators are maintained and liaising with District and Borough Councils. There is a 1% rebate value of sales, charged by the County Council to Stannah for managing the Framework Agreement and to contribute to the costs of the tender process.
11. The process for occupational therapy assessment and requesting consultant survey visits remains the same. The occupational therapist will no longer be required to do multiple visits with company representatives for quotes, saving their valuable time resource.
12. To date, all District and Borough Councils in Nottinghamshire have expressed an interest in using the Framework, including Nottingham City.
13. The savings illustrated below are based on 2018-19 installations across the seven Nottinghamshire districts.

Adaptation type	Single item Previous cost	Single item New cost	Number 2018-19	Previous costs 2018-19	New costs 2020
Straight stairlifts	£1,743	£1,169	84	£146,412	£98,196
Curved stairlifts	£4,027	£3,541	62	£249,674	£219,542
Refurb straight stairlift	-	£595	-	-	-
Refurb curved stairlift	-	£2,395	-	-	-
Totals stairlift	-	-	146	£396,086	£317,738
Warranty per year	£116	£100	146 x 3 years	£51,100	£43,800
Total stairlift +warranty	-	-	-	£447,186	£361,538
Savings					(Stairlift) £78,348 + (Warranty) £7,300 =£85,648

14. The pricing schedule of the Single Provider Framework for stairlifts exceeds the anticipated savings of £67,624 predicted in the report to Committee in December 2019. A county wide saving of **£85,648** per year for the cost of new stairlifts (plus additional three year warranty) is now predicted.

15. The recycled stairlift model that includes the removal and resite of stairlifts from all Districts and Boroughs, less than five years old and in good working order, reduces the costs further once a countywide stock of Council stairlifts is established.
16. Assuming, that over a 10-year period enough Council stock is available to resite 50% of the 84 straight stairlifts installed each year, 42 installations would cost £24,990 rather than £49,098, a further saving of **£24,108** per year.
17. It is anticipated that the savings will grow year on year using a recycled stairlift model and environmental impact will reduce.
18. There is a willingness to pursue procurement of other Single Provider Frameworks, for less often purchased equipment based solutions funded by the DFG, if the savings are likely to outweigh the cost of procurement and the management of the Framework Agreement.

Other Options Considered

19. This is an update report and no other options have been considered.

Reason/s for Recommendation/s

20. The report provides an opportunity for the Committee to consider any further actions arising from the information contained within the report.

Statutory and Policy Implications

21. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Data Protection and Information Governance

22. A summary Data Protection Impact Assessment is in place.

Financial Implications

23. The single Provider Framework Agreement that has been procured will save the Council and District and Borough Council partners money, with an estimated **£85,648** more Disabled Facilities Grant being available each year for other environmental adaptations that can prevent the need for care and support.
24. The cost and financial benefit of the work is to the Disabled Facilities Grant. Benefit to the Council will be to efficiency within Occupational Therapy roles and an improved experience to residents through a more efficient service. The framework has been designed to ensure there is no financial risk to the County Council.

Implications for Service Users

25. Children and adults of all ages will benefit from quality assurance and rapid response to recommendations for equipment based major adaptations.

Implications for Sustainability and the Environment

26. The Framework Agreement ensures that equipment is maintained over a five year warranty period, is recycled when cost effective to do so and does not need replacing for new equipment when viable to repair, ensuring lower impact on the environment

RECOMMENDATION/S

- 1) That Committee considers whether there any further actions it requires arising from the information contained in the report.

Melanie Brooks

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Constitutional Comments (LW 18/12/20)

27. Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report.

Financial Comments (DG 17/12/20)

28. All costs and savings for capital adaptations are contained within the Disabled Facilities Grant which for the current year is £564,000.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

[Procurement of a new framework agreement for equipment based major adaptations in people's homes – report to Adult Social Care and Public Health Committee on 9th December 2019.](#)

Electoral Division(s) and Member(s) Affected

All.

11 January 2021

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR, COMMUNITY SERVICES – AGEING WELL

TEMPORARY POSTS TO COMPLETE DEFERRED ASSESSMENTS OF CARE PACKAGES FUNDED IN THE SHORT TERM BY THE NHS DURING THE COVID-19 PANDEMIC

Purpose of the Report

1. The purpose of this report is to seek approval to establish some temporary posts to complete deferred assessments of care packages that were initially funded by the NHS during the first wave of the Covid 19 pandemic from 19 March to 31 August 2020.

Information

2. A new national Covid 19 Hospital Discharge policy was introduced on 19 March 2020 in order to manage the anticipated pressures on hospitals during the pandemic. This included:
 - the requirement to cease all NHS Continuing Healthcare assessments so that staff undertaking this work could be redeployed
 - the establishment of a new national short-term NHS fund for all re-ablement and packages of care required to facilitate people's discharge from hospital, or, avoid a hospital admission.
3. Across Nottingham and Nottinghamshire, between March and August 2020, 1,725 people received support using £15.7m of the NHS fund. 1,200 of this total were people living in Nottinghamshire. The majority of these people were aged over 65 years. From an initial desk top review of these people, it is anticipated that approximately 500 people will require multi-disciplinary input in to a full assessment of their eligibility for Continuing Healthcare funding for all or part of their package of care. The remaining 700 people will likely be eligible under the Care Act for social care support only.
4. Further national NHS guidance has been issued stating that the national NHS fund will cease on 31 March 2021. This means that all the people who had deferred assessments will need to be reviewed with regard to their eligibility for future health and social care support, and moved to either core NHS, social care, joint or self-funding arrangements, by 16 March 2021 (although the funding will be available until 31 March). A joint plan has been

developed between Nottingham City Council, Nottinghamshire County Council and the Clinical Commissioning Group regarding the temporary workforce required to undertake this work.

5. National one-off funding of up to £50 million was made available to Clinical Commissioning Groups for them to work with their local authority partners to recruit temporary health and social care staff to undertake this work. This funding can only be used to recruit assessment staff who are required over and above the usual assessment staff that the health and social care system would employ. The allocation of the national fund to the Nottingham and Nottinghamshire Clinical Commissioning Group is £1.126m. £390,000 of this amount has been allocated to the County Council to cover the cost of the recruitment of staff and equipment to carry out the County Council's responsibilities within the joint plan.
6. The Department of Health Adult Social Care Winter Plan requires all local authorities to secure sufficient staff to rapidly complete deferred assessments.
7. Due to the very short time-scales available to undertake the work, part of the County Council share of this funding of £390,000 has already been used to recruit temporary staff and engage agency staff up to 31 March 2021.
8. In order to be able to undertake the remainder of the deferred assessments with all 1,200 people by the end of March 2021, approval is sought to establish and recruit to the temporary posts described in the table below, using some of the remainder of the £390,000 funding allocation:

- a) Further to the temporary establishment of some posts, the extension of the following temporary posts to 31 March 2021:

Role	Grade	FTE	Duration	Cost
Community Care Officer	Grade 5	7.2	5 months to 31 March 2021	£105,600
Social Care Assistant	Grade 3	2	5 months to 31 March 2021	£21,600
Total				£127,200

- b) The establishment of the following new additional temporary posts until 31 March 2021:

Role	Grade	FTE	Duration	Cost
Community Care Officer	Grade 5	6.2	4 months to 31 March 2021	£72,800
Total				£72,800

- c) The establishment of the following additional temporary posts until 30 April 2021:

Role	Grade	FTE	Duration	Cost
Community Care Officer	Grade 5	9	4 months to 30 April 2021	£104,800
Total				£104,800

- d) One-off equipment costs of £43,000.

9. The table at **paragraph 8** describes the total number of temporary posts it is intended, subject to approval, to recruit up to, as this is the most cost-effective way to resource the work. However, if it is not possible to recruit to the posts, the department will use the funding to buy in agency staff support so that the work can be delivered within timescale. The department will ensure that the combined cost of recruitment and any use of agency staff comes within the overall £390,000 allocated to the County Council by the Nottingham and Nottinghamshire Clinical Commissioning Group.
10. As shown in the table at **paragraph 8**, it is proposed that some posts will be retained until 30 April 2021 so that there is ongoing capacity to ensure that the appropriate communication and commissioning activity is put in place to resolve any outstanding issues.
11. In the event that any of the deferred assessments remain outstanding at the end of March 2021 there is a risk, because the NHS funding of packages of care commissioned between 19 March and 31 August 2020 will cease, that the Council will have to bear the cost of these packages of care from 1 April 2021 until the assessment has been completed, eligibility for health and social care support confirmed, and future funding arrangements identified.

Other Options Considered

12. It is not feasible to use the existing social care staff in the department's community teams to undertake this work, as this would divert them from other business priorities, for example winter planning work.

Reason for Recommendation

13. Undertaking the work is a Department of Health requirement, set out in the Winter Plan. Existing teams do not have the capacity to take on this additional one-off work, due to other priorities responding to the Covid 19 emergency.

Statutory and Policy Implications

14. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Data Protection and Information Governance

15. A summary Data Protection Impact Assessment (DPIA) has been submitted to the Council's Information Governance Team and they have confirmed that a full DPIA is not required.

Financial Implications

16. As noted in **paragraph 8**, the total number of temporary posts that the department intends to recruit up to is as follows:

Role	Grade	FTE	Duration	Cost
Extended Temporary Community Care Officer	Grade 5	7.2	31 March 2021	£105,600
New Temporary Community Care Officer	Grade 5	6.2	31 March 2021	£72,800
New Temporary Community Care Officer	Grade 5	9	30 April 2021	£104,800
Extended Social Care Assistant	Grade 3	2	31 March 2021	£21,600
One off equipment costs	/	/		£43,000
Total		24.4		£347,800

17. If it is not possible to recruit to the posts, the department will use the funding to buy in agency staff support, however the department will ensure that the combined cost of recruitment and any use of agency staff comes within the overall £390,000 allocated to the County Council by the Nottingham and Nottinghamshire Clinical Commissioning Group.

Human Resources Implications

18. It is the intention to recruit to these posts in line with the Council's recruitment procedures as this is the most cost-effective way to resource the work. However, as mentioned in the body of the report, if it is not possible to recruit to the posts, the department will use the funding to buy in agency staff support so that the work can be delivered within timescale.

Public Sector Equality Duty implications

19. The deferred assessments will be conducted in keeping with the department's established practices for the assessment and review of the vulnerable people we support. These practices give due attention to the needs of people with protected characteristics. For this work the main protected characteristics impacted will be age (as the majority of the 1,200 people requiring a deferred assessment are over 65 years of age) and disability.

Smarter Working Implications

20. Although the post holders would ordinarily be office based and undertake face to face visits, due to the current emergency response to the pandemic the expectation is that post holders will be home working based. However, in situations where discussion with the person being supported cannot be addressed remotely it may, subject to the outcome of a risk assessment, be possible to undertake some assessments face to face. The department will keep this under review as Government guidance changes.

Implications for Service Users

21. Some of the people currently in receipt of packages of care that are funded by the NHS may no longer be eligible for health and social care support or, subject to the outcome of a financial assessment, may have to cover part or all of the cost of ongoing care themselves. Letters have been sent to people to explain this. However, many people and their families do not currently know what they may need to contribute to their care in the future. Undertaking financial assessments to establish if people need to fully fund their care or pay a contribution towards it will therefore be a priority, so that people can make informed decisions.

RECOMMENDATION

- 1) That Committee approves the establishment of the following posts and equipment budget which will be funded from the £390,000 funding allotted to Nottinghamshire County Council as part of the joint Deferred Assessments Plan agreed with Nottingham and Nottinghamshire Clinical Commissioning Group and Nottingham City Council:
 - a) further to the temporary establishment of some posts, the extension of 7.2 FTE (full time equivalent) temporary Community Care Officer (Grade 5) posts until 31 March 2021
 - b) the extension of 2 FTE temporary Social Care Assistant (Grade 3) posts until 31 March 2021
 - c) the establishment of 6.2 FTE temporary Community Care Officer (Grade 5) posts until 31 March 2021
 - d) the establishment of 9 FTE temporary Community Care Officer (Grade 5) posts until 30 April 2021
 - e) an equipment budget of £43,000.

Sue Batty
Service Director, Community Services – Ageing Well
Adult Social Care and Health Department

For any enquiries about this report please contact:

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Constitutional Comments (EP 24/12/20)

22. The recommendations fall within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference.

Financial Comments (ZB 22/12/20)

23. The posts detailed in **paragraph 8** will incur expenditure of £304,800 and equipment costs of £43,000, resulting in a total cost of £347,800.
24. This is to be funded by agreed income of £390,000 from Nottingham and Nottinghamshire Clinical Commissioning Group.

25. Where it is not possible to recruit, agency staff support will be sought, but the department will ensure that total expenditure incurred will not exceed the £390,000 allocation available.

HR Comments (WI 04/12/20)

26. Fixed term contract extensions and recruitment to additional temporary posts will be undertaken in line with the Authority's recruitment procedures. The successfully recruited candidates will be employed on fixed term contracts for the duration as described in the report. Should recruitment be unsuccessful the Authority's Managed Service Supplier will be engaged to seek suitable candidates.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

[Department of Health and Social Care's hospital discharge service: policy and operating model 21 August 2020 \(updated 13 September 2020\)](#)

[Nottinghamshire County Council's Winter Plan 2020/21](#)

Electoral Divisions and Members Affected

All.

ASCPH742 final

11 January 2021

Agenda Item: 9

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE: NOVEMBER 2020

Purpose of the Report

1. The report informs the Committee of the key messages from the National Children and Adult Services (NCAS) Conference which took place online from 4th to 6th November 2020.

Information

2. The County Council's representatives attending the conference were: Councillor Tony Harper, Chairman of the Adult Social Care and Public Health Committee; Councillors Boyd Elliott and Frances Purdue-Horan, Vice Chairmen of the Adult Social Care and Public Health Committee; Councillor Philip Owen, Chairman of the Children and Young People's Committee; Councillors Sue Saddington and Tracey Taylor, Vice Chairmen of the Children and Young People's Committee; Colin Pettigrew, Corporate Director, Children and Families Services; Laurence Jones, Service Director, Commissioning and Resources, Children and Families Services; and Naomi Russell, Group Manager, Living Well (North), Adult Social Care and Health. The report is supported by the presentations which are available on the conference website www.ncasc.info
3. As a consequence of the COVID pandemic and national restrictions on meetings and travel, the conference was held online this year, through Zoom. A range of issues and priorities in adult social care services were reflected in the conference agenda, including the identified and anticipated impacts of COVID on service provision. Major topics covered were: equality and diversity, housing, funding issues, mental health and the impact of the COVID-19 pandemic.
4. On the opening day of the conference there was a plenary session on **Equality, Diversion and Inclusion – Inclusive Leadership in Social Care**. This session challenged social care leaders to consider how they exercise inclusive leadership and address the under-representation of diverse groups at senior levels in adult and children services and how to nurture, recruit and develop more diverse leaders of the future.

5. Representatives from several local authorities spoke of the importance of securing people from diverse backgrounds into senior and leadership roles; of the need for a secure and confident workforce; and to ensure inclusive support for all residents and service users.
6. Speakers at this session referenced local government's role in improving residents' mental wellbeing throughout life, and the particular impact of COVID on mental health arising from limited socialisation.
7. Also, on day one of the conference there was a session run by the Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA), Social Care Futures and Think Local Act Personal – **'From a vision to a better future'**. The session sought to connect recent initiatives setting out what leadership groups and organisations in social care want to see from reformed social care, key issues to be tackled in achieving big change and to explore how these could be taken forward, including via learning from a successful national change effort.
8. The essence of the vision presented by Social Care Futures is:

'We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another doing things that matter to us'.

The session explored how all key stakeholders can move closer to achieving this vision.

9. On the second day of the conference there was a session called **Minding the mental health gap – leading the mental health recovery for individuals, families and communities**. This session looked at local government's role in improving and maintaining residents' mental wellbeing across the life course – from childhood to old age – and how the importance of this has been further highlighted by the COVID-19 pandemic.
10. Aimed at delegates across children and adults' services, the session looked at how councils can embed a 'whole family' approach towards improving mental health. The speakers identified the additional challenges that COVID-19 has highlighted in working together to support people to maintain good mental health and considered how partnership working within local authorities can be effective in working with communities and families to build resilience.
11. The closing panel session - **The Role of Local Government in Responding to a Pandemic** - looked back on local government's key role in responding to a global pandemic and how it has responded to some key challenges. It also looked forward to what this may mean for adult and children's services in what is now the 'new normal' and the opportunities it may present for more effective connections between central and local government and local systems.
12. The panel discussion was chaired by Cllr James Jamieson and included James Bullion, ADASS President; Jenny Coles, Association of the Directors of Children's Services (ADCS) President; Dr Jeanelle De Gruchy, Association of the Directors of Public Health (ADPH) President and Paul Najsarek, Solace spokesperson for community wellbeing and Chief Executive, Ealing Council. The wide-ranging discussion covered:
 - the challenges of COVID, including those arising from a second wave and lockdown

- the collective approach and response
- the LGA's response to the spending review and the need for a long term vision
- the benefits of having public health within local government
- great pride in local government for its support to community hubs, local residents in need and local care markets, to name a few
- hidden inequalities arising from poverty and discrimination and how local government has paid attention to the most vulnerable, including through social care
- the need for local government services to be fully funded
- the creativity and tenacity of so many and the significance of empowerment and strong leadership versus the burdens of bureaucracy.

13. The key learning points for the department to consider are:

- the importance of progressing with a more integrated and all-age approach to mental health support – as mentioned in the report on the Adult Social Care and Public Health Service Improvement Programme which is also on the agenda of this Committee meeting
- continued focus on equality and diversity in the workforce – the department will be taking forward actions relating to the corporate anti-racism pledge and support for black workers action plan, and will be participating in a national pilot on the workforce race equality standard, which is supported by the Chief Social Worker's Office and the Department of Health and Social Care
- alongside continued emergency response work, to take forward into recovery the creativity and excellent partnership working adopted during the pandemic response.

Other Options Considered

14. No other options have been considered.

Reason/s for Recommendation/s

15. The report provides an opportunity for the Committee to consider the learning highlighted from the conference and any further actions arising from the summary contained within the report.

Statutory and Policy Implications

16. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

17. There are no financial implications arising from the report.

Implications for Service Users

18. The conference highlights opportunities to learn from experiences and models of practice in other councils to improve services and support available to people in Nottinghamshire.

RECOMMENDATION/S

- 1) That the Committee considers whether there are any further actions it requires in relation to the feedback from the National Children and Adult Services Conference contained in the report.

Melanie Brooks

Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

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Constitutional Comments (EP 24/12/20)

19. The Adult Social Care and Public Health Committee is the appropriate body to consider the content of this report and if Committee deems any further actions are necessary it should ensure that such actions are within its terms of reference.

Financial Comments (ZB 22/12/20)

20. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

[Attendance at the National Children and Adult Services Conference; November 2020 – report to Children and Young People’s Committee on 2 November 2020.](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH745 final

11 January 2021

Agenda Item: 10

REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme.

Information

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chairs and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified. The meeting dates and agenda items are subject to review in light of the ongoing COVID-19 period.
4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

Other Options Considered

5. None

Reason/s for Recommendation/s

6. To assist the committee in preparing its work programme.

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human

rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

That the committee considers whether any amendments are required to the work programme.

Marjorie Toward
Service Director, Customers, Governance & Employees

For any enquiries about this report please contact: Jo Toomey – jo.toomey@nottscg.gov.uk.

Constitutional Comments (HD)

8. The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NS)

9. There are no direct financial implications arising from the contents of this report. Any future reports to Committee on operational activities and officer working groups, will contain relevant financial information and comments.

Background Papers and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME 2020-21

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
8 February 2021			
Developing Local Area Coordination Support in Nottinghamshire		Corporate Director, Adult Social Care and Health	Linzi Adams
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 2)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Integrated Care System consultation and funding		Corporate Director, Adult Social Care and Health	Melanie Brooks/Jennie Kennington
Strengths-based programme	To provide an update on the implementation of strengths-based working across ASC&H.	Corporate Director, Adult Social Care and Health	Mary Read
Better Care Fund Reserves - Public Health Dementia Project Support		Director of Public Health	Jane O'Brien
29 March 2021			
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Service Director, Strategic Commissioning and Integration	Gemma Shelton
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Matt Garrard/Kath Sargent
Day Opportunities Strategy	To present the proposed Strategy for approval	Service Director, Strategic Commissioning and Integration	Mercy-Lett Charnock
Older Adults Care Homes contracts		Service Director, Strategic Commissioning and Integration	Clare Gilbert
Carers Strategy		Service Director, Community Services (Living Well and Provider Services)	Dan Godley

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Hospital Discharge & Rapid Response Services		Service Director, Strategic Commissioning and Integration	Clare Gilbert
Interim evaluation of routine enquiry into Adversity in Childhood (REACH) Programme	To provide members with an update on the findings of the interim report on the REACH Programme in Nottinghamshire	Consultant in Public Health	Sarah Quilty
14 June 2021			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 3)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Matt Garrard/Kath Sargent
Review of workforce restructure in Adult Social Care	To update the Committee on progress with the new workforce model implemented in Sept 2020.	Service Director, Living Well/ Service Director, Ageing Well	Sue Batty/Ainsley MacDonnell
Developing Short Breaks services and support for carers in Nottinghamshire		Service Director, Community Services (Living Well and Provider Services)	Dan Godley
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Corporate Director, Adult Social Care and Health	
12 July 2021			